DEPT.-65

JOB- 28

REEL- 4

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

KP 23007

FORM RM-1 (11-58) RETAIN—PERM

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squares below)

A. Establish retention period for records which are accumulating daily	B. Dispose of present accumulation, no additional accumulation anticipated	C. Microfilm and destroy originals	D. Microfilm and retain originals for length of time indicated below
☐	☐	☐	☒

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
70 yrs.	Micro. Perm.	Micro. 70 yrs. and Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Title: Commissioner of Health — Robert E. Farber — Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
70 yrs.	Microfilm Permanet	Microfilm 70 yrs. and Permanent	☒	☐	☐

REMARKS:
1 Negative Roll
1 Positive Roll

Records Management Officer — C. P. Poole — Date: 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED CITY AUDITOR

2. APPROVED CITY SOLICITOR

3. APPROVED CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5 APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6 APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FILED ON FILM

IN

NUMERICAL ORDER

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 30
4. Place of Birth (Street and Number)	92 Jackson St
5. Full Name of Mother	Mary Manner
6. Mother's Maiden Name	" Hans
7. Mother's Birthplace	Baltimore
8. Full Name of Father	C. W. Manner
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

V 2313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

4 d

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30th June 1876
4. *Place of Birth (Street and Number)* Fort Ave & No Sts.
5. *Full Name of Mother* Mary Weber.
6. *Mother's Maiden Name* Mary Wincket
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fred Weaber.
9. *Father's Occupation* Laboror.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who make this Return. Mrs Katherine Horner.

Address No 29 Elezabeth Lane.

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

- rect Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12.3.111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly-the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Colard

1. Sex (state whether Male or Female) Boy Joseph albert Cooper
2. Race or Color (if not of the white race)
3. Date of Birth Boy fry day June 30 1876
4. Place of Birth (Street and Number) 47 Buncany alley Bett and goop
5. Full Name of Mother Sebrah Marey. Cooper
6. Mother's Maiden Name Sebrak Marier Davis.
7. Mother's Birthplace Caldeastan Shore.
8. Full Name of Father parry Cooper
9. Father's Occupation Steavy Dor
10. Father's Birthplace Chuple St

Name of Medical Attendant, or other Person who makes this Return.

Address Bary Mc Donel

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth June 30th 1876
4. Place of Birth (Street and Number) No 97 N Washington
5. Full Name of Mother Maria Kurmesse
6. Mother's Maiden Name Hartwigs
7. Mother's Birthplace Germany
8. Full Name of Father Adolf Kurmesse
9. Father's Occupation ~~Bar~~ Blacksmith
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank Str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth June 30th
4. Place of Birth (Street and Number) Balto Arsquith No 503
5. Full Name of Mother Mary Ann Berger
6. Mother's Maiden Name Mary Ann Raymond
7. Mother's Birthplace York Pa
8. Full Name of Father Andrew Berger
9. Father's Occupation Harness maker
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Wm Burger Müller

Address Stirling St No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 30 1876
4. Place of Birth (Street and Number)	44 E. Chase
5. Full Name of Mother	Perlitia Minnicks
6. Mother's Maiden Name	Taylor
7. Mother's Birthplace	" Baltimore
8. Full Name of Father	Geo. Minnicks
9. Father's Occupation	Plumber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Chrimmert
Address	129 E Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Are 2 Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) white
3. Date of Birth the 30 of June
4. Place of Birth (Street and Number) Harfereveny 175
5. Full Name of Mother Barbra Cock
6. Mother's Maiden Name Barbra Ratrof
7. Mother's Birthplace Germany
8. Full Name of Father Pater Rudrof
9. Father's Occupation Rator
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Christina Lauer

Address 173 Harfertaru,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	June 30th 1876
4. Place of Birth (Street and Number)	186 Dover St
5. Full Name of Mother	Maria L. Lamman
6. Mother's Maiden Name	Maria L. Clements
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William H. Lamman
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Benj. Whiteley M.D.
Address	Fayette & Fremont Sts
Remarks	None

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Wite
3. Date of Birth & 30 June
4. Place of Birth (Street and Number) Baltimore Cambridge St 75
5. Full Name of Mother Mary Siney
6. Mother's Maiden Name Mary Walen
7. Mother's Birthplace Ireland
8. Full Name of Father James Siney
9. Father's Occupation dray man
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley Cald in Do Gately

Address S/o 12 Paterson Park Avenue

Remarks (Dup See 12312)

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth June 30th
4. Place of Birth (Street and Number) 248 Hanover St.
5. Full Name of Mother Martha Thormann
6. Mother's Maiden Name Martha Wyble
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Thormann
9. Father's Occupation Cementer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return

Address Mrs M. Streng

Remarks No 32. Lieutenant St.

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 June 1876
4. Place of Birth (Street and Number)	73 South Wolf St
5. Full Name of Mother	Sarah B Butner
6. Mother's Maiden Name	Sarah B Polk
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George I Butner
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Manine
Address	323 East Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12324

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2 ed Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jun 30 ed 1876
4. Place of Birth (Street and Number)	No 751 Light st
5. Full Name of Mother	Anna Elisabeth Schkegal
6. Mother's Maiden Name	Jacob
7. Mother's Birthplace	Germany
8. Full Name of Father	Friedrich Schlegel
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J Lohwasser midwife
Address	213 Cross st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12325

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 1 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th. Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 30th 1876
4. Place of Birth (Street and Number)	No 8 King St
5. Full Name of Mother	Ellen Conlin
6. Mother's Maiden Name	Ellen Baily
7. Mother's Birthplace	Waterford Co Ireland
8. Full Name of Father	Lawrence Conlin
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Tyrone Co. Ireland
Name of Medical Attendant, or other Person who makes this Return.	Thos. F. Owens
Address	No 23. S. Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	30th June 1876.
4. Place of Birth (Street and Number)	144 Central Ave
5. Full Name of Mother	Sarah C. Gounker
6. Mother's Maiden Name	" " Gebhardt.
7. Mother's Birthplace	U. States of America
8. Full Name of Father	John H. Gounker
9. Father's Occupation	Clerk
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	336 Lombard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[illegible] Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
[illegible] (state whether Male or Female)	Male
[illegible]ce or Color (if not of the white race)	White
[illegible]te of Birth	July 1st 1876.
[illegible]ace of Birth (Street and Number)	S. High St.
[illegible]ll Name of Mother	Rebecca Y. Higgins
Mother's Maiden Name	Rebecca Y. Gather
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Wm D Higgins
9. Father's Occupation	Accountant.
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	P. S. Kinneman M. D.
Address	73 East Pratt St
Remarks	

12328

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 1st 1876
4. Place of Birth (Street and Number) 175 Choptank dr
5. Full Name of Mother Johanna Brunitzki
6. Mother's Maiden Name " Davit
7. Mother's Birthplace Germany
8. Full Name of Father Friederick Brunitzki
9. Father's Occupation Schoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. E Bushmann

Address 120 Bank str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible], assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

[redacted]

12329

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 1st July 1876
4. Place of Birth (Street and Number) Hanover St No 300
5. Full Name of Mother Eliza Mayth
6. Mother's Maiden Name Eliza Banks
7. Mother's Birthplace Baltimore City ~~Baltimore~~
8. Full Name of Father John T. Mayth
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. N. R. Caskey

Address 115 Hamburg St

Remarks both doing well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics, or other person in the City of Baltimore, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 1st July
4. Place of Birth (Street and Number) [illegible] No 10
5. Full Name of Mother Sarah Elizabeth Newkirk
6. Mother's Maiden Name [illegible] Hyson
7. Mother's Birthplace Baltimore
8. Full Name of Father [illegible] Newkirk
9. Father's Occupation Laborer
10. Father's Birthplace Delaware City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

Extract Regu[illegible] full and co[illegible]

[illegible]rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12331

To the Office of Registrar of Vital Statistics Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	July 1st
4. Place of Birth (Street and Number)	S Eutaw
5. Full Name of Mother	Mary Lee
6. Mother's Maiden Name	Ford
7. Mother's Birthplace	Maryland
8. Full Name of Father	Philip Lauber
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	Rosenstandt Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Shook
Address	928 S Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12332

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 5

1. *Sex (state whether Male or Female)* boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 1 1876
4. *Place of Birth (Street and Number)* No 2 Shattuck Court
5. *Full Name of Mother* Sarah A Queen
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* not Known
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address Patrick Thomas 71 Burgundy alley

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

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12333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 1st
4. Place of Birth (Street and Number)	855 W Pratt St
5. Full Name of Mother	Emma Monty
6. Mother's Maiden Name	Rem Men
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fred Mon
9. Father's Occupation	Tinner Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	325 S Eutaw
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth July 1st 1876
4. Place of Birth (Street and Number) [illegible]
5. Full Name of Mother [illegible]
6. Mother's Maiden Name
7. Mother's Birthplace Frederick Co. Md.
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Nilly Gross

Address No. 26 (9) Hamburg st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W
3. Date of Birth	July 1
4. Place of Birth (Street and Number)	Fulton St
5. Full Name of Mother	Margaret Hitchings
6. Mother's Maiden Name	
7. Mother's Birthplace	Ellicott City
8. Full Name of Father	Jno H Hitchings
9. Father's Occupation	Trader
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Richard McPherry
Address	189 N Howard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 1 1876
4. Place of Birth (Street and Number)	544 W. Lexington St.
5. Full Name of Mother	Clara R. Alford.
6. Mother's Maiden Name	Clara R. Jacobs.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George C. Alford.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	72 E. Pratt St.
Remarks	Child in good physical condition

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12338

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 1st 1876
4. Place of Birth (Street and Number)	No 155 Gough Street Balto.
5. Full Name of Mother	Sarah M Watts
6. Mother's Maiden Name	" " Hogg
7. Mother's Birthplace	Virginia
8. Full Name of Father	Thomas B Watts
9. Father's Occupation	Captain — Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgway Andre M.D.
Address	No 121 E Balto St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 1st, 1876
4. Place of Birth (Street and Number)	N. Carolin Stret 144
5. Full Name of Mother	Lizeliet Baer
6. Mother's Maiden Name	Lisliet Schulle
7. Mother's Birthplace	Germane
8. Full Name of Father	Herring Baer
9. Father's Occupation	Kabinetmaker
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	M. R. Ruediger
Address	134 N. Bond Stret
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12.340

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	1 July
4. Place of Birth (Street and Number)	399 Lombard Street
5. Full Name of Mother	Kunigunde Stock.
6. Mother's Maiden Name	Lawrence
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lawrence Stock
9. Father's Occupation	shoe
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	No 79 Granby Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 1st/76
4. Place of Birth (Street and Number)	S.E. Cor Cross & Covington Sts
5. Full Name of Mother	Mary Elizabeth Rossmarch.
6. Mother's Maiden Name	" " Rendemire.
7. Mother's Birthplace	Balto City
8. Full Name of Father	Jno. C. Rossmark.
9. Father's Occupation	Manufacturer
10. Father's Birthplace	Balto City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tate, M D
Address	158 Sharp St.
Remarks	Child living.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12342

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wit.
3. Date of Birth	first of July
4. Place of Birth (Street and Number)	Snakless Roote
5. Full Name of Mother	Elizabeth Bawinschmeth
6. Mother's Maiden Name	Elizabeth Marr
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Bawinschmeth
9. Father's Occupation	Beer Brewery
10. Father's Birthplace	Bierr
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 125
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12343

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard
3. Date of Birth July 1st 1876
4. Place of Birth (Street and Number) No 42 Chesnut St Baltimore City
5. Full Name of Mother Martha E Harden
6. Mother's Maiden Name Martha E Jones
7. Mother's Birthplace Talbert County Maryland
8. Full Name of Father Cyrus Harden
9. Father's Occupation Timber piler
10. Father's Birthplace Cocersville Baltim County

Name of Medical Attendant, or other Person who makes this Return. Marid Garden Mid Wife

Address No 57 East St Baltimore City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12,311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)

1. *Sex* (*state whether Male or Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth*
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12345

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 12 1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (if not of the white race)	colored
3. Date of Birth	July 2
4. Place of Birth—(Street and Number)	101 Sterling St
5. Full Name of Mother	Mary Baker
6. Mother's Maiden Name	
7. Mother's Birthplace	Ca
8. Full Name of Father	George King
9. Father's Occupation	Butcher
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J A Warner M.D.
Address	256 N Eden St
Remarks	

12316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 2d 1876
4. *Place of Birth (Street and Number)* N 59 Harbon Ave.
5. *Full Name of Mother* Ella B. Fox
6. *Mother's Maiden Name* Ella B. Corr.
7. *Mother's Birthplace* Fauquier Co Va
8. *Full Name of Father* W. Taswell Fox
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Richmond Va.

Name of Medical Attendant, or other Person who makes this Return. F E Clatard M.D

Address N 114 Park Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12347

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 2nd 1876
4. Place of Birth (Street and Number)	244 S. Broadway
5. Full Name of Mother	Matilda Selles
6. Mother's Maiden Name	" Bauers
7. Mother's Birthplace	City
8. Full Name of Father	Robert Selles.
9. Father's Occupation	Mariner
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Lushyman
Address	120 Bank st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12348
12349

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female (Twin
2. Race or Color (if not of the white race) Color
3. Date of Birth July the 2 1876
4. Place of Birth (Street and Number) 26 Holliday St.
5. Full Name of Mother Elizebeth Forman
6. Mother's Maiden Name " " Sabington
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Forman
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amilia Johnson

Address No 6. Hammilton St

Remarks, These children lived only about 10 hours & died of asthenia

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12350

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sunday July 2. 76
4. Place of Birth (Street and Number) S. W. Cor Myrtle Ave & Saratoga
5. Full Name of Mother Esta Sophia Coles
6. Mother's Maiden Name London Engl.
7. Mother's Birthplace Wm Coles Jr
8. Full Name of Father Carpenter (?)
9. Father's Occupation Balto.
10. Father's Birthplace Lewis M. Eastman

Name of Medical Attendant, or other Person who makes this Return. 349 Lexington

Address

Remarks

RETURN OF A BIRTH.

12,351

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 2nd
4. Place of Birth (Street and Number)	No 224 N Broadway
5. Full Name of Mother	Emma Harriet Whittington
6. Mother's Maiden Name	Ruff
7. Mother's Birthplace	Virginia Ind?
8. Full Name of Father	James Dallas Whittington
9. Father's Occupation	Bookkeeper Western Maryland R R
10. Father's Birthplace	Balto Cty
Name of Medical Attendant, or other Person who makes this Return.	Chas J. Kleiber M.D.
Address	222 N. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12352

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1776 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 2d 1876
4. Place of Birth (Street and Number)	121 South Caroline st
5. Full Name of Mother	Catherine Weber
6. Mother's Maiden Name	Catherine Schneider
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Weber
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Walker
Address	125 N. Caroline st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) female.
2. Race or Color (if not of the white race) White
3. Date of Birth 2nd July 1876.
4. Place of Birth (Street and Number) Towson Street. Locust Point.
5. Full Name of Mother Amalie. Adelheidte. Knoch.
6. Mother's Maiden Name Amalie. Adelheidte. Heine.
7. Mother's Birthplace Schleiz. Germany.
8. Full Name of Father Franz. Wilhelm. Knoch.
9. Father's Occupation Black smith and Bar Keeper.
10. Father's Birthplace Schleiz Germany

Name of Medical Attendant, or other Person who makes this Return. Midrife Anamargreth Ehrtel Locust Point

Address Apparently in good Physical Condition.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

123511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth July 2nd 1876
4. Place of Birth (Street and Number) N. Chappel St. No. 127.
5. Full Name of Mother Josephine Latz
6. Mother's Maiden Name Josephine Schroeder
7. Mother's Birthplace Baltimore City
8. Full Name of Father Adam Schroeder
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26,

Remarks

Extract [illegible] rect Record [illegible] City of Baltimore.

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RETURN OF A BIRTH.

12332

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh. (7th)
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 2nd 1876.
4. Place of Birth (Street and Number)	127 Williams St.
5. Full Name of Mother	Caroline Va. Goldsborough.
6. Mother's Maiden Name	Caroline Va. Tapman.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John S. Goldsborough.
9. Father's Occupation	Engineer.
10. Father's Birthplace	Delaware.
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

12356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 2nd 1876
4. Place of Birth (Street and Number)	No 3 Winter st.
5. Full Name of Mother	Mary Bems
6. Mother's Maiden Name	Mens
7. Mother's Birthplace	Germany
8. Full Name of Father	Friedrich Bems
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	C. Lohwasser midwife
Address	213 Cross st.
Remarks	

Extract ... in the City of Baltimore.

rect Reco...

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12357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	Color of the Child is brown skin
3. Date of Birth	Date of Birth July 2 89
4. Place of Birth (Street and Number)	Place of Birth Durham Neb
5. Full Name of Mother	Mary Ann steward
6. Mother's Maiden Name	Mary Ann Nearly
7. Mother's Birthplace	Mother Birthplace smithsfield
8. Full Name of Father	Harrisson steward
9. Father's Occupation	Occupation Dray man
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	
Address	Midwife Harriet Britton
Remarks	No 184 Mullikin st

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12,328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race	White
3. Date of Birth	July the 2d 1876
4. Place of Birth (Street and Number)	506 W. Baltimore St.
5. Full Name of Mother	Johanna Stuntz
6. Mother's Maiden Name	" Meenkel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Stuntz
9. Father's Occupation	Jewelry Store
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reit
Address	No 40 E Pay Stte St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 7 July 1876
4. *Place of Birth (Street and Number)* 133 Sterling Street
5. *Full Name of Mother* Elizabeth Johnson
6. *Mother's Maiden Name* Elizabeth Hattin
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Frank Johnson
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. Robt Wilkins

Address No 70 Chemnut Street

Remarks Mother and Child Living Well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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5-76-57

12.360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

Harry L. McCally

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male & female twins

2. Race or Color (if not of the white race) White

3. Date of Birth 2 day of July 1876

4. Place of Birth (Street and Number) Hamburg st No 89

5. Full Name of Mother Caroline McCully

6. Mother's Maiden Name Caroline Eckart

7. Mother's Birthplace Baltimore

8. Full Name of Father William McCully

9. Father's Occupation Machinest

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 92 Hamburg st

Remarks Mother and children doing well at present

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12361

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd,

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 2nd.

4. Place of Birth (Street and Number) 251 Brook st.

5. Full Name of Mother Mary English

6. Mother's Maiden Name Mary Healey

7. Mother's Birthplace Co. Galway Ireland

8. Full Name of Father Robt. English

9. Father's Occupation Seaman

10. Father's Birthplace Co. Donegal Ireland

Name of Medical Attendant, or other Person who makes this Return. John F. Monmouth M.D.

Address S. W. Cor. Colmet & Read

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12.362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 2nd 1876
4. Place of Birth (Street and Number)	11 Albemarle Street
5. Full Name of Mother	Lucy Killen
6. Mother's Maiden Name	Mc Cluskey
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Killen
9. Father's Occupation	Mariner
10. Father's Birthplace	Massachusetts
Name of Medical Attendant, or other Person who makes this Return.	Eliza Flemming
Address	91 Albemarle Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	2 of July
4. Place of Birth (Street and Number)	482 Canton avenue
5. Full Name of Mother	Margret schriefer
6. Mother's Maiden Name	Margret Eucardt
7. Mother's Birthplace	Germina
8. Full Name of Father	Friedrich schriefer
9. Father's Occupation	Labora
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park avnue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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123611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 2d 1876
4. Place of Birth (Street and Number)	31 S. Chester St.
5. Full Name of Mother	Mary F. Williams.
6. Mother's Maiden Name	Mary F. Webster
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. O. Williams
9. Father's Occupation	Moulder
10. Father's Birthplace	Gloucester County Va.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	725 E. Balt St.
Remarks	Child in good physical condition

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12,365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d. Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 2d. 1876.
4. Place of Birth (Street and Number)	315 McDonough St.
5. Full Name of Mother	Sarah E. Waskey.
6. Mother's Maiden Name	Sarah E. Miller.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Benj. H. Waskey.
9. Father's Occupation	Cabinet Maker.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	72 E. Balt St.
Remarks	Child in good physical condition.

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RETURN OF A BIRTH.

12366

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	July 2. 1876
4. Place of Birth (Street and Number)	225 N. Fremont st
5. Full Name of Mother	Nellie Masters,
6. Mother's Maiden Name	Jackson,
7. Mother's Birthplace	Washington, D.C.
8. Full Name of Father	John Thornton Masters,
9. Father's Occupation	Attorney at Law,
10. Father's Birthplace	Detroit, Mich
Name of Medical Attendant, or other Person who makes this Return.	J. L. Engle M.D.
Address	247 Lanvale st
Remarks	Seven months child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 2
4. Place of Birth (Street and Number)	178 Lexington St.
5. Full Name of Mother	Lucinda O'Gorman
6. Mother's Maiden Name	Lucinda Helbron
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Jas O'Gorman
9. Father's Occupation	Book Agent
10. Father's Birthplace	Belgium
Name of Medical Attendant, or other Person who makes this Return.	F Jenkins
Address	148 Mulberry St
Remarks	Child - here to stay

rect Record of Vital Statistics in the City of Baltimore.

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12368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 7 1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	2 of July
4. Place of Birth (Street and Number)	West St. 204
5. Full Name of Mother	Catherine Mackern
6. Mother's Maiden Name	Catherine Moran
7. Mother's Birthplace	County Galway Ireland
8. Full Name of Father	Bernd Mackern
9. Father's Occupation	Labr Works
10. Father's Birthplace	County Galway Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm Slattery
Address	West St 125
Remarks	

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12369.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 3rd 1876
4. Place of Birth (Street and Number)	Madison & Forrest Sts
5. Full Name of Mother	Bridget Sheehan
6. Mother's Maiden Name	Dunney
7. Mother's Birthplace	Ireland
8. Full Name of Father	Dennis Sheehan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula E Christman
Address	129 E. Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

B 370

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 3rd 1876
4. *Place of Birth* (Street and Number)	198 Chesnut St
5. *Full Name of Mother*	Margaret McKenney
6. *Mother's Maiden Name*	O'Brien
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Daniel McKenney
9. *Father's Occupation*	Peddler
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Chrismer
Address	129 E. Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No 87 12371

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	66
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 3. 1876
4. Place of Birth (Street and Number)	South Schappelstr No 77
5. Full Name of Mother	Anna Herzing
6. Mother's Maiden Name	Anna Spaecker
7. Mother's Birthplace	Folsbach Bayern
8. Full Name of Father	Johann Herzing
9. Father's Occupation	Tailor
10. Father's Birthplace	Bayern
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Raupach
Address	South Wolfstr No 28
Remarks	Midwife

12372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	—
3. Date of Birth	July 3rd 1876
4. Place of Birth (Street and Number)	59 Park Ave
5. Full Name of Mother	Julia Sopp
6. Mother's Maiden Name	Punkt
7. Mother's Birthplace	Germany
8. Full Name of Father	John Sopp
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Mesenzahl (Mid)
Address	220 Preston St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12373

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 8th 1876
4. Place of Birth (Street and Number) Parkin St No 25 Balt Md
5. Full Name of Mother Mary Jane Clarson
6. Mother's Maiden Name " " Ann Alstine
7. Mother's Birthplace Kenosha Co Wisconsin
8. Full Name of Father James Willis Clarson
9. Father's Occupation Patent Right Dealer
10. Father's Birthplace Staffordshire England

Name of Medical Attendant, or other Person who makes this Return. Wm D F Larkin M D

Address No 648 W Lombard St

Remarks Natural Labour.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12371

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 3d July 1876

4. Place of Birth (Street and Number) 6 Cough St

5. Full Name of Mother Maria Fleury

6. Mother's Maiden Name Kath

7. Mother's Birthplace U. States of America

8. Full Name of Father Jacob Fleury

9. Father's Occupation Musician

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Carpen

Address 52 E Lombard St

Remarks

RETURN OF A BIRTH.

~~12358~~
12375

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 2 Juli
4. *Place of Birth (Street and Number)* 70 Leatenhall Strit
5. *Full Name of Mother* Loise Leibolt
6. *Mother's Maiden Name* Loise Albrecht
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Schafer Leibolt
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhall Strit

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12376

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Female
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 3 1876
4. Place of Birth (Street and Number)	No 130 Covington Street
5. Full Name of Mother	Mary A Bradley
6. Mother's Maiden Name	Mary A Bradley
7. Mother's Birthplace	New York.
8. Full Name of Father	Andrew J Bradley
9 Father's Occupation	House Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm E Ball
Address	No 171 South Eutaw St
Remarks	

12377

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1876 BALTIMORE

f Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
x (state whether Male or Female)	Male
ace or Color (if not of the white race)	Color
te of Birth	July 3th
ace of Birth (Street and Number)	Baltimore. N223 Millikins. 80
Full Name of Mother	Charlotte
ther's Maiden Name	Charlotte Wilson
other's Birthplace	Baltimore
ll Name of Father	J. W. Morris
ther's Occupation	Labor.
ther's Birthplace	Baltimore
ame of Medical Attendant, or other Person who makes this Return.	Maryand Haywood
ldress	221 Millikins
emarks	

act Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

12378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 3rd 76
4. Place of Birth (Street and Number) Cor. Ann & ~~Eager~~ Chew S. W.
5. Full Name of Mother Frances York - Waldman
6. Mother's Maiden Name Frances C. York
7. Mother's Birthplace Balto City
8. Full Name of Father Henry Waldman
9. Father's Occupation Grocer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. W. B. O'Reilly, M. D.

Address #235 N. Broadway

Remarks

Ex[illegible] ...act Regulation [illegible] ...y Health to [illegible]

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,379

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 3rd
4. Place of Birth (Street and Number)	Baltimore Montgomery St. No. 238
5. Full Name of Mother	Catherine [redacted], Rosbach
6. Mother's Maiden Name	Waidmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Philip Rosbach
9. Father's Occupation	Cigar Manufacturer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address —	No. 236 Montgomery Street.
Remarks	

The Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12350

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 3. 1876
4. Place of Birth (Street and Number)	23 N. Sharp St.
5. Full Name of Mother	Martha Ing
6. Mother's Maiden Name	Martha White
7. Mother's Birthplace	Bermuda.
8. Full Name of Father	Wm. Ing
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	72 E. Pratt St.
Remarks	Child in good physical condition.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12361

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 3rd '76
4. Place of Birth (Street and Number)	433 N. Carey
5. Full Name of Mother	Nancy Simpson
6. Mother's Maiden Name	Taylor
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Robert Simpson
9. Father's Occupation	Stone-Cutter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Saml. T. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

y of Baltimore.

RETURN OF A BIRTH.

12382

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 6 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 3 1876
4. Place of Birth (Street and Number)	Madison St
5. Full Name of Mother	Alice Taylor
6. Mother's Maiden Name	Alice Sunderland
7. Mother's Birthplace	Baltimore md
8. Full Name of Father	Samuel I Taylor
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	323 East Monument St
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12383

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First 1.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 3rd 1876
4. Place of Birth (Street and Number)	No 82 Luzerne St.
5. Full Name of Mother	Catherine McWilliams
6. Mother's Maiden Name	Catherine Lineman
7. Mother's Birthplace	Germany
8. Full Name of Father	Robert McWilliams
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	435 Alice Anna St.
Remarks	

Extract Regulations of the Board of Health in ... of Baltimore.

rect Record of Vital Statistics in ... of Baltimore.

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12384

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 July
4. Place of Birth (Street and Number)	Camden St. No. 43
5. Full Name of Mother	Cucelia Pepperkorn
6. Mother's Maiden Name	Cucelia Einstine
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Pepperkorn
9. Father's Occupation	Grocer
10. Father's Birthplace	Tamer [illegible] Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Marbin
Address	West St. No. 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) 7

2. Race or Color (if not of the white race) White

3. Date of Birth July 4th 1876

4. Place of Birth (Street and Number) 44 Wyeth St

5. Full Name of Mother Catherine Wegwerth

6. Mother's Maiden Name Norton

7. Mother's Birthplace Balto City

8. Full Name of Father Charles Wegwerth

9. Father's Occupation Laborer

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address N Space St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12386

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 4 of July.
4. Place of Birth (Street and Number) Eastern ave No 86 Baltimore
5. Full Name of Mother Mary Lizzie Schlisler
6. Mother's Maiden Name Dakabach
7. Mother's Birthplace Baltimore
8. Full Name of Father John Schlisler
9. Father's Occupation
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 70. Granby st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th July 1876
4. Place of Birth (Street and Number)	No 204 N. Broadway
5. Full Name of Mother	Barbara Bitzel
6. Mother's Maiden Name	Barbara Stein
7. Mother's Birthplace	Germany
8. Full Name of Father	Adam Bitzel
9. Father's Occupation	Confectionary
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Waller
Address	35 N. Caroline St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12383

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 4th '76
4. Place of Birth (Street and Number) 169 E. Ann St.
5. Full Name of Mother Sophia Miller
6. Mother's Maiden Name " Waller
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard A. Miller
9. Father's Occupation Caulker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James [illegible] M.D.

Address 254 Eastern Avenue

Remarks

rect Record of Vital Sta

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

~~born July 4th~~ 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~Helene Marie Creutz, Maria Anna Creutz~~

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 4th July
4. Place of Birth (Street and Number) Baltimore No. 207 Conway St.
5. Full Name of Mother Marie Anna Creutz
6. Mother's Maiden Name Marie Anna Nily
7. Mother's Birthplace Baltimore
8. Full Name of Father John August Creutz
9. Father's Occupation Musician
10. Father's Birthplace Schleswig Holstein

Name of Medical Attendant, or other Person who makes this Return. Mr. Fischer

Address ~~No. 207 Conway St.~~ No. 11 South Eutaw St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12390

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 4th 1876.
4. Place of Birth (Street and Number) 25 S. Gist St.
5. Full Name of Mother Mary E. Sheppard.
6. Mother's Maiden Name " " Lee.
7. Mother's Birthplace Phila. Pa.
8. Full Name of Father Franklin L. Sheppard
9. Father's Occupation Stove Manufac.
10. Father's Birthplace Phila. Pa.

Name of Medical Attendant, or other Person who makes this Return. G. Glanville, Rusk M. D.

Address Balt. & Stast. Sts.

Remarks Natural.

Extract Regulation of the Board of Health of the Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 17 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 4th July 1876

4. Place of Birth (Street and Number) 3 Bank St.

5. Full Name of Mother Katherine Hinkelman

6. Mother's Maiden Name Mrs. Gunn

7. Mother's Birthplace Ireland

8. Full Name of Father John Hinkleman

9. Father's Occupation Machinist

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 526 Leonard St.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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12393

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 4th July 1876

4. Place of Birth (Street and Number) 78 Cranberry St

5. Full Name of Mother Lizzeleth Geiss

6. Mother's Maiden Name Lindenstouth

7. Mother's Birthplace U. States of America

8. Full Name of Father John Geiss

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12394

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)		First 1st
1. Sex (state whether Male or Female)		Male
2. Race or Color (if not of the white race)		White
3. Date of Birth		July 4th
4. Place of Birth (Street and Number)		Baltimore Woodward St 49
5. Full Name of Mother		Harriet Eliza Batch
6. Mother's Maiden Name		Smith
7. Mother's Birthplace		Virginia
8. Full Name of Father	Joseph Batchell	~~Joseph Batchell~~
9. Father's Occupation		Clerk
10. Father's Birthplace		Baltimore
Name of Medical Attendant, or other Person who makes this Return.		Milly Grass
Address		249 Hamburgh St
Remarks		No other

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12345

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Fem
2. Race or Color (if not of the white race)	Col
3. Date of Birth	July 4
4. Place of Birth (Street and Number)	173 Druid Hill Ave
5. Full Name of Mother	Alice
6. Mother's Maiden Name	
7. Mother's Birthplace	
8. Full Name of Father	George T. Alice
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Richard McSherry
Address	189 N Howard St
Remarks	M.D.

12396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	American race
3. Date of Birth	July 4th 1876
4. Place of Birth (Street and Number)	Orleans St # 24
5. Full Name of Mother	Christine Naffel
6. Mother's Maiden Name	" Koestner
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Edward M. Naffel
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	48 Holland St Baltimore Md
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12397

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

To secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12395

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4. 1876
4. Place of Birth (Street and Number)	417 E Baltimore St.
5. Full Name of Mother	Ella C. Griffith
6. Mother's Maiden Name	Ella C. Connelly
7. Mother's Birthplace	York Pa.
8. Full Name of Father	Wm H Griffith
9. Father's Occupation	Manufacturer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	72 E Balt St.
Remarks	Child premature but physical condition favorable.

12399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 4 Juli 1876
4. Place of Birth (Street and Number) 299 Schaf Strit
5. Full Name of Mother Catharina Ernstberger
6. Mother's Maiden Name Cat Letzer
7. Mother's Birthplace Deutschland
8. Full Name of Father ~~[illegible]~~ Johann Ernstberger
9. Father's Occupation Arbeiter
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhall Strit

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the ~~maiden~~ name of the mother of such child or children.

RETURN OF A BIRTH.

12400

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 5 1876
BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* July 4th 1876
4. *Place of Birth* (Street and Number) No. 85 N Caroline
5. *Full Name of Mother* Priscilla Bruce
6. *Mother's Maiden Name* " Hopkins
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Johnson K Bruce
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Price M D

Address No 121 E Balto St

Remarks Maryland

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12,107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4th 1876
4. Place of Birth (Street and Number)	Iceland & Sterrett St.
5. Full Name of Mother	Dora Fellers
6. Mother's Maiden Name	Brais.
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Phillip Fellers
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12402

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) ~~[illegible]~~
3. Date of Birth July 4th. 1876
4. Place of Birth (Street and Number) Charles St. 222 Baltimore Md.
5. Full Name of Mother Katharine Grenger
6. Mother's Maiden Name K. Missner
7. Mother's Birthplace Darmstadt Germany
8. Full Name of Father Bernard Grenger
9. Father's Occupation Cutler.
10. Father's Birthplace Saxe Germany

Name of Medical Attendant, or other Person who makes this Return.

Address M. S. M. Strong

Remarks No. 32. Liverpool Street.

Vest Record of Vital Statistics in the City of Baltimore.

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12403

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	~~White~~
3. Date of Birth	4 of July
4. Place of Birth (Street and Number)	No 3 Boston St
5. Full Name of Mother	Elizabeth Mary Gude
6. Mother's Maiden Name	" " Hamilton
7. Mother's Birthplace	Mobile
8. Full Name of Father	Larson Henry Gude
9. Father's Occupation	Pudler
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park Avnue
Remarks	Centennial Baby

...of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12404

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth Child.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth July 4th 1876.
4. Place of Birth (Street and Number) No. 20. Corner Canton avenue
5. Full Name of Mother Josephine Gilmeyer.
6. Mother's Maiden Name Josephina Schutte.
7. Mother's Birthplace Germany
8. Full Name of Father Bernhard M. Gilmeyer.
9. Father's Occupation Batscher.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park Avenue

Remarks Centennial Baby

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4th
4. Place of Birth (Street and Number)	3 [illegible] Druid Hill Ave
5. Full Name of Mother	Lou V. Dushane
6. Mother's Maiden Name	Lou V. McNath
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Valentine Dushane
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	48 [illegible] St
Remarks	Child healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 13 1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 5th 1876
4. Place of Birth (Street and Number)	171 Chapel Lane
5. Full Name of Mother	Charlotte Kellner
6. Mother's Maiden Name	Rivocki
7. Mother's Birthplace	Europe
8. Full Name of Father	Albert Kellner
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Bushmann
Address	No 126 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12408

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colla
3. Date of Birth	June 25 1876
4. Place of Birth (Street and Number)	28 Bolton St.
5. Full Name of Mother	Mary Davis
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person, who makes this Return.	Anna Brown
Address	28 Bolton St
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

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RETURN OF A BIRTH.

12409

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Dar
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 5, 76.
4. Place of Birth (Street and Number)	292 Mulberry
5. Full Name of Mother	Sarah Ross
6. Mother's Maiden Name	Bradford
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mathew Ross
9. Father's Occupation	Private Express
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	349 [illegible]
Remarks	Natural

[illegible]rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12 1140.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 15 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	5th July
4. Place of Birth (Street and Number)	3 West Falls Av.
5. Full Name of Mother	Mary Siebel
6. Mother's Maiden Name	Schuhmacher
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Julius Siebel
9. Father's Occupation	Laborerer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Stiegler
Address	167 E Fayette St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 14 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 5th 1876
4. Place of Birth (Street and Number)	518 Canton Ave 2nd
5. Full Name of Mother	Eliza Hamer
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto
8. Full Name of Father	Edward Hamer
9. Father's Occupation	Can Maker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	W 178 S Chapel Pl
Remarks	F P.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12412

12412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

Name: Susan Baine Marchant

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 5th 76

4. Place of Birth (Street and Number) 27 Pleasant St

5. Full Name of Mother Ada Agnes Marchant

6. Mother's Maiden Name " " Lyon

7. Mother's Birthplace Petersburg Va

8. Full Name of Father Alexander W Marchant

9. Father's Occupation Coach Maker

10. Father's Birthplace Mathews Co Va

Name of Medical Attendant, or other Person who makes this Return. J. Wm Walls M.D.

Address 18. S. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th of July 1876
4. Place of Birth (Street and Number)	33 Miller st
5. Full Name of Mother	F. V. ~~Lowry~~ Scott
6. Mother's Maiden Name	F. V. Lowry
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	W. W. Scott
9. Father's Occupation	Baltimore City. Hostler
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Wallace
Address	125 W. Baden st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (~~state whether Male or Female~~)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 5th 1876
4. *Place of Birth (~~Street and Number~~)* 15 Mott Street
5. *Full Name of Mother* Mary Ann Watts
6. *Mother's Maiden Name* Mary Ann Watts
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. E. Geo Walls M.D.

Address 181 E Monument St

Remarks ~~very~~ ~~[illegible]~~

12415

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 5. 1876
4. Place of Birth (Street and Number)	23 Barre St Extended
5. Full Name of Mother	Sarah Ann McDonald
6. Mother's Maiden Name	O'Neal
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John McDonald
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr W. P. Morgan
Address	175 Saratoga St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12416

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 5th 1871
4. Place of Birth (Street and Number)	5 Hamilton St
5. Full Name of Mother	Mary Leary
6. Mother's Maiden Name	" Doyle
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Leary
9. Father's Occupation	Stonecutter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Annie Mesenzehl (Midwife)
Address	220 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12417

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
11
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female). Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 5th July

4. Place of Birth (Street and Number) 101 Lancaster Street

5. Full Name of Mother Eva Rosina Novak

6. Mother's Maiden Name "

7. Mother's Birthplace Martin Novak

8. Full Name of Father Leber

9. Father's Occupation Polen

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12418

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 5th July 1876
4. *Place of Birth (Street and Number)* 235 Fayette St
5. *Full Name of Mother* Maria Heinzenberger
6. *Mother's Maiden Name* Oswald
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Heinzenberger
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address 52 E Lombard St

Remarks.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12419

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 5 ad 1876
4. Place of Birth (Street and Number)	363 Charles st
5. Full Name of Mother	Maggie Schmith
6. Mother's Maiden Name	Becker
7. Mother's Birthplace	America
8. Full Name of Father	Eckardt Schmith
9. Father's Occupation	Sailor
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasse midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12/1120

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 3th 1876
4. *Place of Birth* (Street and Number)	354 Eager st.
5. *Full Name of Mother*	Libbie Mowderly
6. *Mother's Maiden Name*	Clarke
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Henry Mowderly
9. *Father's Occupation*	Policeman
10. *Father's Birthplace*	Penn. Co. Pa.
Name of Medical Attendant, or other Person who makes this Return.	W. B. O'Reilly. M.D.
Address	335. N. Broadway.
Remarks	

Earnest Requirements of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 5 d. 1876
4. Place of Birth (Street and Number)	94 N. Bond Stret
5. Full Name of Mother	Liesbet Lullloff
6. Mother's Maiden Name	Liesbet Zeeh Resch
7. Mother's Birthplace	Ballimor
8. Full Name of Father	Lunrat Lullloff
9. Father's Occupation	Literary
10. Father's Birthplace	Ballimor
Name of Medical Attendant, or other Person who makes this Return.	M. B. Rudiger
Address	134 N. Bond Stret
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

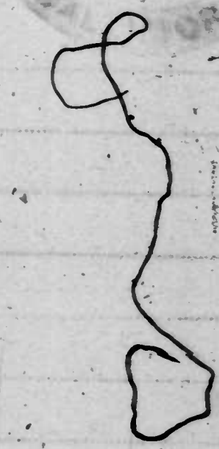
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12422

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 5th 1876
4. Place of Birth (Street and Number)	No 92 S. Eutaw St
5. Full Name of Mother	Delilah Coggswell
6. Mother's Maiden Name	Beach
7. Mother's Birthplace	Virginia
8. Full Name of Father	Ino. S. Coggswell
9. Father's Occupation	Produce Dealer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. C. Beach M.D.
Address	141 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12423

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* July 5th 1876.
4. *Place of Birth (Street and Number)* 775 W Baltimore St.
5. *Full Name of Mother* Mary Volz.
6. *Mother's Maiden Name* Mary Hold
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* George Volz Jr.
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John S. R. Wrzesinski, M.D.

Address City.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12424

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 of July
4. Place of Birth (Street and Number)	Cross St No. 2 & 4
5. Full Name of Mother	Lanese Kinareps
6. Mother's Maiden Name	Lanese Kurtze
7. Mother's Birthplace	Kalte Kuerhesser
8. Full Name of Father	Lanes Kinareps
9. Father's Occupation	Groceries Keyer
10. Father's Birthplace	Bütingene Hesser Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Martin
~~*Remarks*~~	West St No 125

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 7 1876.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 5th 1876.
4. *Place of Birth (Street and Number)* Highlandtown.
5. *Full Name of Mother* Katie Schlüsselburg.
6. *Mother's Maiden Name* Katie Engel.
7. *Mother's Birthplace* America
8. *Full Name of Father* Conrad Schlüsselburg
9. *Father's Occupation* Butcher.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return: Mrs M. Brennan

Address No 137 S. Wolfe St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,426

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 5th 1876
4. Place of Birth (Street and Number)	126 Sterling Street
5. Full Name of Mother	Elisabeth Worch
6. Mother's Maiden Name	" " " Pfeiffer
7. Mother's Birthplace	Germany
8. Full Name of Father	Eckard Worch
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Walburga Mueller
Address	165 Sterling Street
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12427

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Eight

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Wednesday Morning July 5th 1876
4. Place of Birth (Street and Number) No 6 Bennett St
5. Full Name of Mother Nester Corns
6. Mother's Maiden Name Nester Bolden
7. Mother's Birthplace Baltimore Co
8. Full Name of Father Annie's Corns
9. Father's Occupation Iron Worker
10. Father's Birthplace Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. J E Richards M.D.

Address 28 O'Donnell St

Remarks Easy Natural Labor Both mother & child are now doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 5th
4. Place of Birth (Street and Number)	336 Lond St
5. Full Name of Mother	Bertha Strauss
6. Mother's Maiden Name	Bertha Sandhagen
7. Mother's Birthplace	Germany
8. Full Name of Father	Paul Strauss
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	F. Rutkins
Address	148 Mulberry St.
Remarks	Child of healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12429

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) third child

1. Sex (state whether Male or Female) Mail
2. Race or Color (if not of the white race) Color
3. Date of Birth July 6 1876
4. Place of Birth (Street and Number) Douglas street No
5. Full Name of Mother Colin C Jones
6. Mother's Maiden Name Colin C Henson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles H Jones
9. Father's Occupation Barber
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address Sophia Mines

Remarks No 155 Chestnut st

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12430

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Four

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 6 of July
4. *Place of Birth (Street and Number)* 45 Low St
5. *Full Name of Mother* Harriet S Cook
6. *Mother's Maiden Name* Harriet C Smith County
7. *Mother's Birthplace* Brookville Montgomery
8. *Full Name of Father* James S Cook
9. *Father's Occupation* Laborer County
10. *Father's Birthplace* Brookville Montgomery

Name of Medical Attendant, or other Person who makes this Return. Charlotte Wilson

Address 116 Jewally

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12431

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

HEALTH DEPA JUL 20 1876 BALTIM

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 6 1876

4. Place of Birth (Street and Number) Locust Point

5. Full Name of Mother Rosa Dupendorf

6. Mother's Maiden Name Rosa Hennsen

7. Mother's Birthplace Rochester New York

8. Full Name of Father William Dupendorf

9. Father's Occupation Coast Man

10. Father's Birthplace Fort Plane New York

Name of Medical Attendant, or other Person who makes this Return. Margret Ellet

Address

Remarks Cubia Street No 13 Locust Point

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12432

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 6th 1876
4. *Place of Birth (Street and Number)* Madison Ave no number
5. *Full Name of Mother* Mary Rau
6. *Mother's Maiden Name* Mary Beck
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Rau
9. *Father's Occupation* Grosiere
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Henry Hillegeist

Address No 4. 82 E. Monument st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12432

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

VITAL STATISTICS
AUG
1
1976
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 Dec 1876
4. Place of Birth (Street and Number)	229 Dolphin St.
5. Full Name of Mother	Leah S. Walker
6. Mother's Maiden Name	" " Watt
7. Mother's Birthplace	Virginia
8. Full Name of Father	Joseph D Walker
9. Father's Occupation	Carpenter
10. Father's Birthplace	Howard County Md.
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brown M.D.
Address	201 N. Bridal St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12431

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 18 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female —
2. Race or Color (if not of the white race)	African
3. Date of Birth	July 6 - 1876 —
4. Place of Birth (Street and Number) - to b	Mulberry Court, near Fremont St —
5. Full Name of Mother	Henretta Conner -
6. Mother's Maiden Name	Henretta Oliver —
7. Mother's Birthplace	Balto. md —
8. Full Name of Father	James H. Conner —
9. Father's Occupation	Laborer —
10. Father's Birthplace	Demerara S. America
Name of Medical Attendant, or other Person who makes this Return.	John J. King
Address	Edmondson Ave
Remarks	near Carrollton Ave

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12435

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Thursday July 6th 76
4. Place of Birth (Street and Number)	246 N. Canal Street
5. Full Name of Mother	Elizabeth Pfetsch
6. Mother's Maiden Name	" Engelhardt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Pfetsch
9. Father's Occupation	Laborer
10. Father's Birthplace	Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return.	S W Coloner M.D.
Address	29 S Sharp Street
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any neglect or refusal of the Boards of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

12436

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 th of July
4. Place of Birth (Street and Number)	no 107 Eager St
5. Full Name of Mother	Margaret Jane Jennings
6. Mother's Maiden Name	Margaret Jane Crawford
7. Mother's Birthplace	Baltimore md
8. Full Name of Father	Patrick Jennings
9. Father's Occupation	huck driver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Guy 77 Mc Elderry St
Address	
Remarks	

RETURN OF A BIRTH.

12437

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 6th 1876
4. Place of Birth (Street and Number)	No. 98 Tyson St.
5. Full Name of Mother	Julia Harris
6. Mother's Maiden Name	Julia Robinson
7. Mother's Birthplace	Montgomery Co Md
8. Full Name of Father	Stephen Harris
9. Father's Occupation	Waiter
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Jake Winneberger
Address	23 N Liberty St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12438

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	6th July 1876
4. Place of Birth (Street and Number)	No 330 Hanover St.
5. Full Name of Mother	Mary Burk.
6. Mother's Maiden Name	Mary Kier.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Robert Burk.
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Katherine Harner
Address	29. Elizabeth Lane.
Remarks	

RETURN OF A BIRTH.

12.11.29

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
12
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	~~White~~ Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 July.
4. Place of Birth (Street and Number)	No 262. Broadway Baltimore
5. Full Name of Mother	Lizzie Barth
6. Mother's Maiden Name	" Stamber
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Barnhardt Barth
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophie Siemon
Address	No 70 Grundy St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12,110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 6. th 1876.
4. Place of Birth (Street and Number)	Hannover Street No 170
5. Full Name of Mother	Mary Ruklein
6. Mother's Maiden Name	Mary Ruberger
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Andrew Ruklein
9. Father's Occupation	Laber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dorotha Brune
Address	114 Battery Av.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 6th 187
4. Place of Birth (Street and Number) No 46 Gough St.
5. Full Name of Mother Anna Baumgärtner
6. Mother's Maiden Name " Pony
7. Mother's Birthplace Germany
8. Full Name of Father John Baumgärtner
9. Father's Occupation Bäker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Wolfram

Address A 175 South Eden St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12442

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* July 6th 1876.
4. *Place of Birth (Street and Number)* 126 Crop St.
5. *Full Name of Mother* Sarah Ann Trainor.
6. *Mother's Maiden Name* Sarah Ann Hozer.
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* James Trainor,
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Sykesville Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. John J. R. Hozer, M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12 1 1 1 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) one

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored male Child
3. *Date of Birth* July the 6-18-76
4. *Place of Birth (Street and Number)* Durham St No 11
5. *Full Name of Mother* Anna Taylor
6. *Mother's Maiden Name* Anna Henry
7. *Mother's Birthplace* Dorchestor County Md
8. *Full Name of Father* Frances Taylor
9. *Father's Occupation* Portor
10. *Father's Birthplace* Accomack County Virginia

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Aigessler Street 130

Remarks none

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12 11 11

RETURN OF A BIRTH:

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 6th/76.
4. Place of Birth (Street and Number)	Chesapeake st No. 94
5. Full Name of Mother	Mary Nagel
6. Mother's Maiden Name	" Wisky
7. Mother's Birthplace	Bater.
8. Full Name of Father	Geo Nagel
9. Father's Occupation	Labourer
10. Father's Birthplace	Bater
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	No. 320 Allice Anna st.

...of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12445

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 6. 1876
4. Place of Birth (Street and Number)	74 & 76 Thames str.
5. Full Name of Mother	Rose Struven
6. Mother's Maiden Name	Rose Klaus
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Diedrich Struven
9. Father's Occupation	Grocer
10. Father's Birthplace	Germain
Name of Medical Attendant, or other Person who makes this Return.	
Address	Lauben Weiß Geboren
Remarks	

Geo J Sugerth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12 1116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 11 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 6th 1876
4. Place of Birth (Street and Number)	No. 480 Penne Ave
5. Full Name of Mother	Lizzie Schammloffel
6. Mother's Maiden Name	" Reitz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Schammloffel
9. Father's Occupation	Black-Smith
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Schmidt
Address	No. 476 Penne Ave.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) [illegible]

2. Race or Color (if not of the white race) White

3. Date of Birth [illegible]

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother Anna Kaczera

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace [illegible] Bohemia

8. Full Name of Father [illegible]

9. Father's Occupation Tailor

10. Father's Birthplace [illegible] Bohemia

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12445

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 6th 1876
4. Place of Birth (Street and Number)	Cor- Eager & Forest Sts-
5. Full Name of Mother	Sarah E. Duncan
6. Mother's Maiden Name	Sarah E. Lenard
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Thomas Duncan
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Ohio.
Name of Medical Attendant, or other Person who makes this Return.	Silas N Hunter M.D.
Address	411 Greenmount Ave.
Remarks	

That any p… midwife, … advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12449

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 6th July 76

4. Place of Birth (Street and Number) 26 Bond St

5. Full Name of Mother Mary Wawrzin

6. Mother's Maiden Name Gulizek

7. Mother's Birthplace Austria

8. Full Name of Father Frank Wawrzin

9. Father's Occupation Restaurant

10. Father's Birthplace Austria

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12450

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 8 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) M

2. Race or Color (if not of the white race)

3. Date of Birth July 6th 1876

4. Place of Birth (Street and Number) 64 Market Space

5. Full Name of Mother Kate Kindenoff

6. Mother's Maiden Name Kate Lahundun

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Charles Kindenoff

9. Father's Occupation Soldier.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Chatkin. Morfit M.D.

Address 84 East, Baltimore St.

Remarks Gedemic Labor.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 7th 12 oclock at night
4. Place of Birth (Street and Number) Cor of Hampstead & Dallas St
5. Full Name of Mother Berthe K. Seissen
6. Mother's Maiden Name Bertha K. Niemans
7. Mother's Birthplace Germany
8. Full Name of Father Jno. Wallmer Seissen
9. Father's Occupation Merchant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. (Midwife) Mari E Müller

Address No. 26 N. Dallas St

Remarks Attended only by a midwife whose name is signed to this. Wm F Stewart M.D.

rect Record of Vital Statistics in the City of Baltimore.

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12452

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 7th 840 A.M. 1876 Girl
4. *Place of Birth (Street and Number)* 212 N. Gay St.
5. *Full Name of Mother* Mary E. McKennie
6. *Mother's Maiden Name* Mary E. Bop
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Francis R. McKennie
9. *Father's Occupation* Butler Depot.
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Dinnellen

Address 299 E. Balto. St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12453

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	American
3. Date of Birth	July 7th 1876
4. Place of Birth (Street and Number)	Harrison St # 78
5. Full Name of Mother	Bridget Bubel
6. Mother's Maiden Name	" Marx
7. Mother's Birthplace	Bayers Europe
8. Full Name of Father	John Bubel
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Welly
Address	45 Holland St Belle City
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

124511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 7th 1876
4. *Place of Birth (Street and Number)* N 175 W Lombard St
5. *Full Name of Mother* Henrietta N. Dell
6. *Mother's Maiden Name* Henrietta N. Stephens
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George E. Dell
9. *Father's Occupation* Bookbinder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 114 Park ave

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12455

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	July 7th 1876
4. *Place of Birth* (Street and Number)	137 S. Register st.
5. *Full Name of Mother*	Elizabetha ~~Bieden~~ Amling
6. *Mother's Maiden Name*	Bieden Kepler
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Henry Amling
9. *Father's Occupation*	Ships Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Buchmann
Address	No 120 Bank st.
Remarks	

JUL 21 1876 HEALTH DEPARTMENT BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12156

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 7th 1876
4. Place of Birth (Street and Number)	437 W. Pratt Street
5. Full Name of Mother	Mary Christine Reinhard
6. Mother's Maiden Name	" " " Wurach
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Reinhard
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Kathrina Seebach
Address	439 W Pratt Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 7th 1876
4. Place of Birth (Street and Number)	70 Park St.
5. Full Name of Mother	Mary Christine Leilich
6. Mother's Maiden Name	M. C. Rolf
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Edward Leilich
9. Father's Occupation	Porter
10. Father's Birthplace	Frederick, Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr Henry Salzer
Address	165. W. Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

12456

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July seventh
4. Place of Birth (Street and Number)	Baltimore 301 Hanover street
5. Full Name of Mother	Emma Jane Reeder
6. Mother's Maiden Name	" " Meredith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Amos Reeder
9. Father's Occupation	Machinest
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Rigens
Address	
Remarks	

HEALTH DEPT. JUL 1910 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12459

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 7th 1876
4. Place of Birth (Street and Number)	50 West St.
5. Full Name of Mother	Catherine J. Morgan
6. Mother's Maiden Name	Martins
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jno. F. Morgan
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover Barrs
Remarks	

12460

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 14 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 7th 1876
4. Place of Birth (Street and Number)	#213 Hanover St. F.B.
5. Full Name of Mother	Mrs Melzer
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Carl Melzer
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	178 Chapel St. F.B.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 7th 1876
4. *Place of Birth (Street and Number)* No 71 [illegible]
5. *Full Name of Mother* Amelia Bar
6. *Mother's Maiden Name* Amelia Dryer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Bar
9. *Father's Occupation* St Carter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
13
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 7 d. 1876
4. Place of Birth (Street and Number)	109 N. Bethel Stret
5. Full Name of Mother	Laura Shu
6. Mother's Maiden Name	L Shupner
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Johan Shu
9. Father's Occupation	C S Tieler
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	M. R. Rudiger
Address	134 N. Bond Stret
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12463

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) white.
3. Date of Birth 7th July 1876.
4. Place of Birth (Street and Number) No 19 Burk St lead town.
5. Full Name of Mother Pauline Hoffman
6. Mother's Maiden Name Pauline Brant
7. Mother's Birthplace Germany
8. Full Name of Father John Hoffman.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner

Address No 29 Elizabeth Lane

Remarks

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12464

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 7th July 1876
4. Place of Birth (Street and Number) 241 Park ave Balto.
5. Full Name of Mother Edith S. Badders
6. Mother's Maiden Name " " Bonsal
7. Mother's Birthplace Md
8. Full Name of Father Henry H Badders
9. Father's Occupation Carpenter
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. G L Taneyhill MD

Address 129 W Biddle St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether Male or Female) Knabe.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 7 Juli 1876.
4. Place of Birth (Street and Number) Baltimore Elliott St. 33.
5. Full Name of Mother Rosiene Zellinger.
6. Mother's Maiden Name Müller.
7. Mother's Birthplace Baiern.
8. Full Name of Father Martin Zellinger.
9. Father's Occupation Handarbeiter.
10. Father's Birthplace Baiern.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmer.

Address Elliott St. 61.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colard
3. Date of Birth Jul 7 the 7
4. Place of Birth (Street and Number) Eutaw St 134
5. Full Name of Mother Sarah Birdon
6. Mother's Maiden Name Sarah Birdon
7. Mother's Birthplace virginia
8. Full Name of Father father on noon
9. Father's Occupation on noon
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lay ap Sher

Address Eutaw 134

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12467

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5" Child

1. Sex (state whether Male or Female) fe male

2. Race or Color (if not of the white race) Colorg

3. Date of Birth July 4

4. Place of Birth (Street and Number) no 9 peach aly

5. Full Name of Mother margret bibins

6. Mother's Maiden Name margret Carnish

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Sir bibins

9. Father's Occupation Bri de Ryard

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lcy upsher

Address 134 Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,468

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 7th
4. Place of Birth (Street and Number)	8 China St 13
5. Full Name of Mother	Agusta Schaus
6. Mother's Maiden Name	Schoeman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fred Schaus
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Brown
Address	328 S Eutaw St
Remarks	Bet Hamburg & Cro

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	7 of July
4. Place of Birth (Street and Number)	Warren Avenue No. 53
5. Full Name of Mother	Averela Price
6. Mother's Maiden Name	Averela Cooke
7. Mother's Birthplace	Sumner Salt County Md.
8. Full Name of Father	Thomas Price
9. Father's Occupation	Sailor
10. Father's Birthplace	Sumner Salt County Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No. 125
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 7th 1876.

HEALTH DEPARTMENT 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 7th 1876
4. Place of Birth (Street and Number) 22 Choptank St.
5. Full Name of Mother Barbara Leich
6. Mother's Maiden Name Barbara Scherrer
7. Mother's Birthplace America
8. Full Name of Father John Leich
9. Father's Occupation Laborer
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 1137 S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 7 1876

HEALTH DEPARTMENT JUL 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 7th 1876
4. *Place of Birth (Street and Number)* 242 Eastern Avenue
5. *Full Name of Mother* Caroline Jurgensen
6. *Mother's Maiden Name* Caroline Hahsmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Jurgensen
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amand

Address No. 137 Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12472

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 8th of July 76
4. Place of Birth (Street and Number) 227 Lemon Alley
5. Full Name of Mother Anna Katharina Hoff
6. Mother's Maiden Name Anna Katharina Petz
7. Mother's Birthplace Baltimore
8. Full Name of Father Johann Henry Hoff
9. Father's Occupation Porter
10. Father's Birthplace Rippelsdorf (Germany)

Name of Medical Attendant, or other Person who makes this Return. L. A. Heldman M. D.

Address 120 Pearl st Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12473

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth July 8th 1876

4. Place of Birth (Street and Number) 62 S Green St

5. Full Name of Mother Mary Taylor

6. Mother's Maiden Name McNeill

7. Mother's Birthplace Balt City

8. Full Name of Father Wm S Taylor

9. Father's Occupation Painter

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 762 [illegible]

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12147 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 5th 1876
4. Place of Birth (Street and Number)	115 S Register st.
5. Full Name of Mother	Tilda Schmidt
6. Mother's Maiden Name	" Brown
7. Mother's Birthplace	City
8. Full Name of Father	Johann Schmidt
9. Father's Occupation	Tailor
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	No 120 Bank st
Remarks	

12173

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 8th 1876
4. Place of Birth (Street and Number)	111 Lemmon Street
5. Full Name of Mother	Mary Butler
6. Mother's Maiden Name	" " Hays
7. Mother's Birthplace	Ireland
8. Full Name of Father	Winifred Butler
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Catharina Seebach
Address	139 W. Pratt Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12476

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 8th
4. Place of Birth (Street and Number)	South Carey St
5. Full Name of Mother	Mary Amelia Gilgore
6. Mother's Maiden Name	Hurst
7. Mother's Birthplace	Lancaster Penn.
8. Full Name of Father	Alpherd Hurst
9. Father's Occupation	Coach maker
10. Father's Birthplace	Lancaster Penn
Name of Medical Attendant, or other Person who makes this Return.	C. J. Fullenkamp
Address	No 569 West Lombard St.
Remarks	Doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12477

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 8th 76
4. Place of Birth (Street and Number)	127 Morris St
5. Full Name of Mother	Anna Emma Louisa Scriven
6. Mother's Maiden Name	" " " Vicks
7. Mother's Birthplace	Balto
8. Full Name of Father	F. P. Scriven
9. Father's Occupation	Police Officer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	H. D. Booker
Address	143 N Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 8th July 1876

4. Place of Birth (Street and Number) Cor. Fremont & Spring

5. Full Name of Mother Lizzie Johnson

6. Mother's Maiden Name Ringstone

7. Mother's Birthplace U. States of America

8. Full Name of Father Wm. Johnson

9. Father's Occupation Confectioner

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 32 E. Bonsbard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 8th July 1876

4. Place of Birth (Street and Number) 140 Jefferson St

5. Full Name of Mother Ida Ferguson

6. Mother's Maiden Name Ratelle

7. Mother's Birthplace U. States of America

8. Full Name of Father John Ferguson

9. Father's Occupation Machinist

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

12480

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 8th 1876
4. Place of Birth (Street and Number) No 4. Mott St
5. Full Name of Mother Annie Donahue
6. Mother's Maiden Name Annie Owens
7. Mother's Birthplace ~~Ireland~~ Ireland
8. Full Name of Father Bernard Donahue
9. Father's Occupation Bonnet Bleacher
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dena Hillquist

Address No 182 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12481

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 8th 1876
4. Place of Birth (Street and Number)	190 Sharp Street
5. Full Name of Mother	Maria Hartung
6. Mother's Maiden Name	" " Boltie
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Adolf Hartung
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12482

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 8th 1876
4. Place of Birth (Street and Number)	82 Henrietta Street
5. Full Name of Mother	Frederike Lepran
6. Mother's Maiden Name	" " " Oehse
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Lepran
9. Father's Occupation	Machinist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catharina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12483

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	8 of juli
4. Place of Birth (Street and Number)	West St N. 156
5. Full Name of Mother	Kate Strong
6. Mother's Maiden Name	Kate Hamill
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Hennery Strong
9. Father's Occupation	Labor Work
10. Father's Birthplace	Indianna
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St N. 128
Remarks	

...ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12454

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 8th 1876
4. Place of Birth (Street and Number)	63 Exeter St
5. Full Name of Mother	Kate Wheeler
6. Mother's Maiden Name	Ryder
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Wheeler
9. Father's Occupation	Plumber
10. Father's Birthplace	Richmond Va.
Name of Medical Attendant, or other Person who makes this Return.	Ursula E. Chrismer
Address	129 E. Monument St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12485

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 8th 1876
4. Place of Birth (Street and Number)	283 Biddle St
5. Full Name of Mother	Margaret L. Read
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Virginia
8. Full Name of Father	Wm S. Read Jr.
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Ursula F Chinmer
Address	129 E. Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 8th 1876
4. Place of Birth (Street and Number)	No 350 Hamburg st
5. Full Name of Mother	Bertha Daum
6. Mother's Maiden Name	Lotz
7. Mother's Birthplace	Germany
8. Full Name of Father	John Daum
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st
Remarks	

[illegible] Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12487

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	8th of July
4. Place of Birth (Street and Number)	24 Oak St.
5. Full Name of Mother	Elizabeth Stanton
6. Mother's Maiden Name	O'Donnell
7. Mother's Birthplace	England
8. Full Name of Father	Malcolm Stanton
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St.
Remarks	

12458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd L.
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	July 8th 1876
4. *Place of Birth* (Street and Number)	# 126 S. Bethel Street
5. *Full Name of Mother*	Martha Ann Stephens
6. *Mother's Maiden Name*	Martha Ann Carr
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Alfred J. Stephens
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Cambridge Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	Larissa Carter
Address	No. 111. S. Dallas
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 8th 1876.

4. Place of Birth (Street and Number) 265 Argyle Ave.

5. Full Name of Mother Mary Watson

6. Mother's Maiden Name Hammontree

7. Mother's Birthplace Montgomery Co. Md

8. Full Name of Father Jas. E. Watson

9 Father's Occupation Carpenter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. H. B. Christian M.D.

Address 731 Penna Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

12490

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Dois

2. Race or Color (if not of the white race) White

3. Date of Birth [illegible]

4. Place of Birth (Street and Number) 14 Dameritt

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Pacis Bohemia

8. Full Name of Father John [illegible]

9. Father's Occupation Tailor

10. Father's Birthplace Pacis

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Colored

3. Date of Birth July th 9 1876

4. Place of Birth (Street and Number) 1 Perry St

5. Full Name of Mother Laret Games

6. Mother's Maiden Name Laured Games

7. Mother's Birthplace West Riber

8. Full Name of Father an noon

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. Lucy up Shea [illegible]

Address Eutaw St Baltimore

Remarks Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12492

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4
4. Place of Birth (Street and Number)	180 Hamburg St
5. Full Name of Mother	Elizie Kroedle
6. Mother's Maiden Name	Dank
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	Herman Kroedle
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Sachsen
Name of Medical Attendant, or other Person who makes this Return.	Mey Kroh
Address	328 S Eutaw St
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 9th July 1876

4. Place of Birth (Street and Number) 78 Caroline St

5. Full Name of Mother Emma Johnes

6. Mother's Maiden Name " Lordenfrank

7. Mother's Birthplace U. States of America

8. Full Name of Father Frank Jones

9. Father's Occupation Sergeant P. F.

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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124911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 9th 1876
4. Place of Birth (Street and Number) No 66 Batery avenue
5. Full Name of Mother Mary Ann Abey
6. Mother's Maiden Name " " Livingston
7. Mother's Birthplace Baltimore MD
8. Full Name of Father Michael Henry Abey
9. Father's Occupation Caulker
10. Father's Birthplace Balto MD

Name of Medical Attendant, or other Person who makes this Return. Mrs C Conway

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12495

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Children

1. Sex (state whether Male or Female) Last a girl.
2. Race or Color (if not of the white race) White
3. Date of Birth born the 7th July 1876
4. Place of Birth (Street and Number) 14 North Chappel St Michigan
5. Full Name of Mother Delia Pekey
6. Mother's Maiden Name Delia Horney
7. Mother's Birthplace Irland
8. Full Name of Father Samuel Horney
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Baryland

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North chappel st pr John Kunkel

Remarks Healthy.

[illegible] Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 9th 1876
4. Place of Birth (Street and Number) 409 N. Calhoun St.
5. Full Name of Mother Adeline D. Hales
6. Mother's Maiden Name Deale
7. Mother's Birthplace Baltimore City
8. Full Name of Father Shalmonezer Hales
9. Father's Occupation Car builder
10. Father's Birthplace Somerset Co. Md.

Name of Medical Attendant, or other Person who makes this Return. William W. Murray

Address No. 10 N. Carey St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 13 1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th 1876
4. Place of Birth (Street and Number)	315 E. Chase St.
5. Full Name of Mother	Lena A. Schoenrich
6. Mother's Maiden Name	L. A. Steck
7. Mother's Birthplace	Germany
8. Full Name of Father	C. A. Schoenrich
9. Father's Occupation	Teacher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	M. R. Richter
Address	134 N. Bond St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12498

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth July 9th
4. Place of Birth (Street and Number) 171. N. Spring st
5. Full Name of Mother Lydia Williams Garrison
6. Mother's Maiden Name Williams
7. Mother's Birthplace Balto Co. Md.
8. Full Name of Father Jeremiah Garrison
9. Father's Occupation Farm hand
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. W. B. O'Reilly M. D.

Address 235 N. Broadway

Remarks Placenta - praevia - Mother & child progressing well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12499

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th
4. Place of Birth (Street and Number)	40 Laurens & Harlaem Ave
5. Full Name of Mother	Katie Emery
6. Mother's Maiden Name	Katie Frey
7. Mother's Birthplace	Maryland
8. Full Name of Father	John H. Emery
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Felix Clemens
Address	148 Mul: St.
Remarks	Child - healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12500

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 9th 1876. No 405 Light St
4. *Place of Birth* (Street and Number)
5. *Full Name of Mother* M. C. Sunnilly
6. *Mother's Maiden Name* M. C. Elliott
7. *Mother's Birthplace* Md
8. *Full Name of Father* C. D. Sunnilly
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. H B Noble M D

Address 17 Saratoga

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12501

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	4 of July
4. Place of Birth (Street and Number)	Johnson St. No. 17
5. Full Name of Mother	Mary Redditsli
6. Mother's Maiden Name	Mary Williams
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Redditsli
9. Father's Occupation	Labor Work
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St. No. 123
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 4" 76
4. Place of Birth (Street and Number)	32 Pleasant St
5. Full Name of Mother	Martha Lane
6. Mother's Maiden Name	Unmarried
7. Mother's Birthplace	Balto
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Annie Duffin
Address	12 Lorena Al
Remarks	for Dr Bartum

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	8 ed Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 9th 1876
4. Place of Birth (Street and Number)	No 169 West st
5. Full Name of Mother	Margarethe Steinmüller
6. Mother's Maiden Name	Meister
7. Mother's Birthplace	Germany.
8. Full Name of Father	Phillip Steinmüller
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeasser midwife
Address	No 213 Cross st.
Remarks	

rect Record of V... ...ull and cor-

...Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12301

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

(state whether Male or Female) Boy

e or Color (if not of the white race) Colored

e of Birth A little after two o'clock Sunday morning July 9th 1876

ce of Birth (Street and Number) Baltimore City No. 21 Naylor's St

l Name of Mother Lilly Williams

ther's Maiden Name Lilly Ringgold

other's Birthplace Reistertown

ull Name of Father George Cooper

Father's Occupation Rim grain

Father's Birthplace Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. Margaret Williams

Address No. Rim Street

Remarks

Statistics in the City of

12505

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Blk
3. Date of Birth 9th July 76
4. Place of Birth (Street and Number) No 2 Fulton Alley near Howard & Park
5. Full Name of Mother Elizabeth Dixon
6. Mother's Maiden Name " Johnson
7. Mother's Birthplace Penna
8. Full Name of Father Alonzo Dixon
9. Father's Occupation Soldier U.S.A.
10. Father's Birthplace Georgia

Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill M.D.

Address 12 Gilt Bedale St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12506

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th 1876
4. Place of Birth (Street and Number)	284 W. Fayette St.
5. Full Name of Mother	Ann Gallagher
6. Mother's Maiden Name	Handly
7. Mother's Birthplace	Ireland
8. Full Name of Father	Charles M. Gallagher
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel J. Knight M.D.
Address	112 N. Gay
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12,547

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	July 9th 1876
4. *Place of Birth* (Street and Number)	79 Gough
5. *Full Name of Mother*	Mary Coughlan
6. *Mother's Maiden Name*	" Myers
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Thomas Francis Coughlan
9. ~~*Father's Occupation*~~	
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	P. G. Dauchy M.D.
Address	27 N. Broadway
Remarks	

12508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Sary Jan mother

1. Sex (state whether Male or Female) fe mail
2. Race or Color (if not of the white race) Cal rede chil
3. Date of Birth 9 of Jan lie
4. Place of Birth (Street and Number) No. 354 Wab Stee
5. Full Name of Mother Sand mal ler
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation bry ck yard
10. Father's Birthplace Frans Ses gram Bay

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 88.

12509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 9. 1876
4. Place of Birth (Street and Number) South Schoppel str 43
5. Full Name of Mother Mary Oberein
6. Mother's Maiden Name Mary Dannemann
7. Mother's Birthplace Eberstbach Wittenberg
8. Full Name of Father Patrick Oberein
9. Father's Occupation Lebemann
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Rampach

Address South Wolf str 1028

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

VV 12510

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th
4. Place of Birth (Street and Number)	Allice Anna st No. 308
5. Full Name of Mother	Louise Schleibauer
6. Mother's Maiden Name	" Kappel
7. Mother's Birthplace	" Baier.
8. Full Name of Father	August. Schleibauer
9. Father's Occupation	Carpenter
10. Father's Birthplace	Leadlingen Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Midwife
Remarks	320 Allice Anna st

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

123411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* weiß.
3. *Date of Birth* d. 10 Juli 1876.
4. *Place of Birth (Street and Number)* Baltimore O'Donell St. 44.
5. *Full Name of Mother* Rosine Eisele.
6. *Mother's Maiden Name* Weigel.
7. *Mother's Birthplace* Baiern.
8. *Full Name of Father* Christian Eisele
9. *Father's Occupation* Musikinstrumentmacher.
10. *Father's Birthplace* Baiern.

Name of Medical Attendant, or other Person who makes this Return. Amor Simmen

Address Elliot St 61.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

12512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 12 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 10th 1876
4. Place of Birth (Street and Number)	357 N. Durham st.
5. Full Name of Mother	Katherine Elisabeth Bennett
6. Mother's Maiden Name	" " Marien
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William duncan Bennett
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Pierre B. Dauchez.
Address	27. N. Broadway
Remarks	

Health Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 191 Baltimore st
4. Place of Birth (Street and Number) 10 July
5. Full Name of Mother Mary Schnicka
6. Mother's Maiden Name Krantz
7. Mother's Birthplace Baltimore
8. Full Name of Father William Schnicka
9. Father's Occupation Confectionary
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 70 Granby st.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
12
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* White

2. *Race or Color (if not of the white race)* Boy

3. *Date of Birth* 10 July

4. *Place of Birth (Street and Number)* 278. E Lee st

5. *Full Name of Mother* anney Metzner

6. *Mother's Maiden Name* Trost

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* andraus Metzner

9. *Father's Occupation* Broom maker

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Sieker

Address No 70 Greenby st.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.—

12513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth 10 of July on Monday twenty minutes 4.12
4. Place of Birth (Street and Number) 171 Washington St Baltimore MD
5. Full Name of Mother Helen C Brown
6. Mother's Maiden Name Helen C Cooper
7. Mother's Birthplace Baltimore M D
8. Full Name of Father Walter Brown
9. Father's Occupation Barber
10. Father's Birthplace Baltimore Conty

Name of Medical Attendant, or other Person who makes this Return. Elibeth Mindowney

Address Duncan alley No 5

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 10/76
4. Place of Birth (Street and Number)	Elliott st No. 58.
5. Full Name of Mother	Cathern Beckholt
6. Mother's Maiden Name	" Frohlich
7. Mother's Birthplace	Germany
8. Full Name of Father	Jno Beckholt
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Annast

...ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12517

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	10 of juli
4. Place of Birth (Street and Number)	Lessebeths Alg No 16
5. Full Name of Mother	Babbera Eisel
6. Mother's Maiden Name	Babbera Bonline
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Victor Eisel
9. Father's Occupation	Cupper
10. Father's Birthplace	in germine
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12518

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 10th
4. Place of Birth (Street and Number)	199 Sar: St
5. Full Name of Mother	Mary V. Hutwelker
6. Mother's Maiden Name	Mary V. Herzog
7. Mother's Birthplace	Baltimore
8. Full Name of Father	A. C. Hutwelker
9. Father's Occupation	Druggist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St
Remarks	Child-healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
13
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th 1876.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 10th
4. Place of Birth (Street and Number)	174 W. Stiles Street
5. Full Name of Mother	Eliza Maloney.
6. Mother's Maiden Name	Eliza Sommers.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Thomas Maloney.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Eliza Flemming
Address	No 97 Albemarle Street
Remarks	Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

12520

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 10th 1876
4. Place of Birth (Street and Number)	No 361 Charles st.
5. Full Name of Mother	Emma Deibel
6. Mother's Maiden Name	Kesler
7. Mother's Birthplace	America
8. Full Name of Father	George Deibel
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Duty to Record Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12591

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 14th July 1876

4. Place of Birth (Street and Number) 230 Lombard St.

5. Full Name of Mother Anna Otto

6. Mother's Maiden Name Hahn

7. Mother's Birthplace U. States of America

8. Full Name of Father Chr. Otto

9. Father's Occupation Cigar maker

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Colyer

Address 230 Lombard St

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 10th 76
4. Place of Birth (Street and Number)	35 St Druid Hill Av
5. Full Name of Mother	Eunice Hayden
6. Mother's Maiden Name	" Rice
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thos Hayden
9. Father's Occupation	Coachman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm Booker
Address	143 N Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 10th
4. Place of Birth (Street and Number)	234 Battery Avenue
5. Full Name of Mother	Catharina Bachman
6. Mother's Maiden Name	Shoemaker
7. Mother's Birthplace	Kur Hessen
8. Full Name of Father	Adam Bachman
9. Father's Occupation	Laborer
10. Father's Birthplace	Bachman
Name of Medical Attendant, or other Person who makes this Return.	Henry Kirk
Address	328 S Eutaw
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 10th July
4. *Place of Birth (Street and Number)* Fourth St. No 28
5. *Full Name of Mother* Catherine Jane Lewis
6. *Mother's Maiden Name* Catherine Jane Neveker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Hunter Lewis
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. J. Caskey

Address 115 Hamburg St.

Remarks doing both well

12525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 10th
4. Place of Birth (Street and Number) 84. Derham.
5. Full Name of Mother Susan Johnson.
6. Mother's Maiden Name Susan Barnes
7. Mother's Birthplace Balt Md.
8. Full Name of Father Alonzo Johnson
9. Father's Occupation Laborer.
10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Sarah Styles

247 Orleans st

...any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12526

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 (Abraham Solomon 12/29/19 a.s.j.)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 10 1876
4. Place of Birth (Street and Number)	176 S. Broadway
5. Full Name of Mother	Hannah Solomon
6. Mother's Maiden Name	" Kahn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	H. Solmson.
9. Father's Occupation	Storekeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Regina Hudlaye
Address	No 289 S. Bond St
Remarks	

Fee Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12524

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 16th 1876
4. Place of Birth (Street and Number)	160 George Street
5. Full Name of Mother	Ella C. Little
6. Mother's Maiden Name	Ella C. Close
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Little
9. Father's Occupation	Huckster
10. Father's Birthplace	Carroll County Maryland
Name of Medical Attendant, or other Person who makes this Return.	P.E. Gilbert M.D.
Address	47 Edmondson Avenue
Remarks	Babe very feeble breathing with difficulty

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12528

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 10th 1876
4. Place of Birth (Street and Number)	No 47 Greenmount Ave
5. Full Name of Mother	Agnes Kaufmann
6. Mother's Maiden Name	Agnes Schissler
7. Mother's Birthplace	Germany
8. Full Name of Father	Urban Kaufmann
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Helena Hillegeus
Address	No 182 Monument St
Remarks	

hat any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12529

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 10. 1876

4. Place of Birth (Street and Number) No 236 N. Broadway

5. Full Name of Mother Elizabeth Rantholt

6. Mother's Maiden Name Elizabeth Albert

7. Mother's Birthplace Hesses Germany

8. Full Name of Father John Rantholt

9. Father's Occupation Boot & shoe maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt.

Address No 209 Monument St Cor. Central Ave. Balto. City

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~first~~ first

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth July 10th 1876

4. Place of Birth (Street and Number) No 273 Orlean St.

5. Full Name of Mother Mary Delsher

6. Mother's Maiden Name Mary McKernnan

7. Mother's Birthplace Baltimore Maryland

8. Full Name of Father John Delsher

9. Father's Occupation Huckster

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No 209. Monument St. Cor. Central Avenue

Remarks All Well

That any physician, accoucheur, midwife, [illegible] person in [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
24
1876
BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 1st "

(state whether Male or Female) Male.

or Color (if not of the white race) White

of Birth 10th July 1876.

e of Birth (Street and Number) 329 Franklin St.

Name of Mother Ann M. Rand

er's Maiden Name " " Garteis

er's Birthplace Baltimore

Name of Father C. K. Rand.

r's Occupation Cabinet Maker.

r's Birthplace New York.

e of Medical Attendant, or other Person who makes this Return. A. H. Littell.

ress 231 Franklin St.

rks

12532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 25 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* american race
3. *Date of Birth* July 10 th 1876
4. *Place of Birth (Street and Number)* Betau avenue
5. *Full Name of Mother* Elesabeth Wenner
6. *Mother's Maiden Name* " Baures
7. *Mother's Birthplace* Bayer Europe
8. *Full Name of Father* Otto Wenner
9. *Father's Occupation* Brewer
10. *Father's Birthplace* Baden Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Reilly

Address 48 Holland St Balto City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Statistics in the City of Baltimore.

12533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th child
1. *Sex* (state whether Male or Female)	mail.
2. *Race or Color* (if not of the white race)	colored
3. *Date of Birth*	July 10. th.
4. *Place of Birth* (Street and Number)	119 Sharpe St
5. *Full Name of Mother*	Eliza moulton
6. *Mother's Maiden Name*	eliza brown
7. *Mother's Birthplace*	aca mac va
8. *Full Name of Father*	charles moulton
9. *Father's Occupation*	labourer
10. *Father's Birthplace*	aca mac va
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Parker
Address	
Remarks	healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12.5.311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	—
3. Date of Birth	10 of July
4. Place of Birth (Street and Number)	No 237 South Sharp Street.
5. Full Name of Mother	Catharine Gless
6. Mother's Maiden Name	" Rumpf
7. Mother's Birthplace	Schlitz. Hessen Darmstadt
8. Full Name of Father	Johann Gless
9. Father's Occupation	Shumaker
10. Father's Birthplace	Schlitz. Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	—
Address	Mrs. M. Streng.
Remarks	No. 32 Lindenhall Street.

12535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 11 th '76
4. Place of Birth (Street and Number)	75- Fredk Ave
5. Full Name of Mother	Jenny Lee
6. Mother's Maiden Name	" Porter
7. Mother's Birthplace	Maryland
8. Full Name of Father	Elijah W Lee
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	De Holliday
Address	Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1926 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 1 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 11 - 12 00 midnight 1926
4. *Place of Birth* (Street and Number) 69 N. Amer
5. *Full Name of Mother* Catherine - Henrietta Hecht
6. *Mother's Maiden Name* Catharine Henrietta Hardy
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* George Francis Hecht
9. *Father's Occupation*
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. Jno E Donnelly M.D.

Address 2996 Baltimore St.

Remarks

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12.5.31

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 20 1876
BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)	2d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th July 1876
4. Place of Birth (Street and Number)	18 E Eastern Street
5. Full Name of Mother	Temperance Fenton Boggs
6. Mother's Maiden Name	Temperance Fenton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	F. Henry Boggs
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr N. P. Childs
Address	146 Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 20 1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Louisa [redacted]

Address No 12 Paterson Park avnue

Remarks

12539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth July 11th 1876
4. Place of Birth (Street and Number) No 603 N. Gay St.
5. Full Name of Mother Julie Krampf
6. Mother's Maiden Name Julie Jencys
7. Mother's Birthplace Bremen Germany
8. Full Name of Father William Krampf
9. Father's Occupation Cigar maker
10. Father's Birthplace Bremen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butts

Address No 209 Monument St Cor Centre Avenue Buts

Remarks Favorable well

[illegible] of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12540

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 11th 1876

4. Place of Birth (Street and Number) No 14 Centre Avenue Baltimore

5. Full Name of Mother Live Steinmiller

6. Mother's Maiden Name Live Garwin

7. Mother's Birthplace Kentucky

8. Full Name of Father Edward Steinmiller

9. Father's Occupation Musicioner

10. Father's Birthplace Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull

Address No 209 Monument St Cor. Cent Ave. Balto. Md

Remarks All well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12,511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	F.
2. *Race or Color* (if not of the white race)	W.
3. *Date of Birth*	July 11th 76.
4. *Place of Birth* (Street and Number)	194 E Madison
5. *Full Name of Mother*	Missouri A.
6. *Mother's Maiden Name*	De Groff.
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Wm E. Mitchell
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Va
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	186 Aisquith
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 5 9 Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	of The Colard Race
3. Date of Birth	The 11 of July
4. Place of Birth (Street and Number)	No 3201 Howard Street
5. Full Name of Mother	Alvirda Grace
6. Mother's Maiden Name	Alvirda Spine
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Fletcher Grace
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M Baby Ann Spine
Address	No 293 Hamburg Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12543

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 11th
4. Place of Birth (Street and Number) 22 Dallas St.
5. Full Name of Mother Calica Phealen
6. Mother's Maiden Name Cole
7. Mother's Birthplace Germany
8. Full Name of Father Andrew Phealen
9. Father's Occupation Engineer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Gedzke

Address No 551 South Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12544

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 11th 1876
4. Place of Birth (Street and Number)	No 19 Wyeth Street.
5. Full Name of Mother	Mary Weber
6. Mother's Maiden Name	" " Kroeger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Weber
9. Father's Occupation	Backer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Seebach
Address	439 W Pratt Street
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

~~II~~ 12545

12546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 11 1876
4. Place of Birth (Street and Number) 444 Mulberry
5. Full Name of Mother Louisa Kurtz
6. Mother's Maiden Name " Williams
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm L Kurtz
9. Father's Occupation Clerk
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. W. F. Kemp M.D.

Address 55 N Grant

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12,547

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 11th 1876
4. Place of Birth (Street and Number)	62 N. Fagel
5. Full Name of Mother	Mary Elizabeth Taylor
6. Mother's Maiden Name	Mary Elizabeth Baynes
7. Mother's Birthplace	Balto. Co. Md
8. Full Name of Father	John Wm Taylor
9. Father's Occupation	Soap Maker
10. Father's Birthplace	Dorchester Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Dayson M.D.
Address	18 Aisquith
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 11th 1876
4. Place of Birth (Street and Number)	174 Ensor St
5. Full Name of Mother	Ellennora Thomas
6. Mother's Maiden Name	Ellennora Cornelius
7. Mother's Birthplace	Balto City
8. Full Name of Father	Wm John Wesley Thomas.
9. Father's Occupation	Picture frame maker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Geo. W. Wayson M.D.
Address	18 Aisquith
Remarks	

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12549

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 11 July 1876
4. Place of Birth (Street and Number) 76 S. Regular St.
5. Full Name of Mother Anna Amrein
6. Mother's Maiden Name Anna Eierle
7. Mother's Birthplace Baden
8. Full Name of Father Henry Amrein
9. Father's Occupation Shoemaker
10. Father's Birthplace Hessia

Name of Medical Attendant, or other Person who makes this Return. M. Leederer

Address 23 S. Durham St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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Rules and Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12530

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 11th 1876
4. Place of Birth (Street and Number)	Bank St near Chester
5. Full Name of Mother	Mary Daley Kain
6. Mother's Maiden Name	Mary Daley
7. Mother's Birthplace	Ireland
8. Full Name of Father	Martin Kain
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	# 178 Schroeder st.
Remarks	F.P

12551

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) —

3. Date of Birth 4th July 1876

4. Place of Birth (Street and Number) 408 Monument St

5. Full Name of Mother Lizzie Byer

6. Mother's Maiden Name Dung

7. Mother's Birthplace U. States of America

8. Full Name of Father Geo Byer

9. Father's Occupation Baker

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 Chambers St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12552

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 4th 1876
4. Place of Birth (Street and Number) C. F. Canton Av. Ind. Assey
5. Full Name of Mother Mary Terese Rintten
6. Mother's Maiden Name Mary Terese Thile
7. Mother's Birthplace Baltimore City
8. Full Name of Father Theo. Von Rintten
9. Father's Occupation Harness Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address 69 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person [illegible], who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* July 11 1876
4. *Place of Birth* (*Street and Number*) North Calvert St 121
5. *Full Name of Mother* Martha Ann Austin
6. *Mother's Maiden Name* Martha Ann Chamberlain
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* James K P Austin
9. *Father's Occupation* Provision Dealer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Amanda Myers

Address 323 East Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth. sex, and color of the child or children born. its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics

12551

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Withe
3. Date of Birth 11th July 1876
4. Place of Birth (Street and Number) 909 Lancaster Street
5. Full Name of Mother Mary Kalaczynski
6. Mother's Maiden Name " Zmodziejewski
7. Mother's Birthplace Chumetowoe Polen Germany
8. Full Name of Father Mikolaj Zmodziejewski
9. Father's Occupation Leber
10. Father's Birthplace Labiszin Germany

Name of Medical Attendant, or other Person who makes this Return. Zecylia Zygaj

Address 128 Thames Street

Remarks very well

Estract Regulations • Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex (state whether Male or Female) a boy

2. Race or Color (if not of the white race) Colg White

3. Date of Birth born the 11th of July 1876

4. Place of Birth (Street and Number) 54 North Chappel st

5. Full Name of Mother Esabela Becker

6. Mother's Maiden Name Ezabela Haasi

7. Mother's Birthplace born in Baltimore

8. Full Name of Father Henry Haasi

9. Father's Occupation Ba maker

10. Father's Birthplace born in Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North chappel st for John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12536

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

William A. Kreisel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 11 d. 1876 7/11/876
4. Place of Birth (Street and Number)	241 n. Gee St. (Gay st)
5. Full Name of Mother	Susane Kreisel
6. Mother's Maiden Name	S. Abendsheim
7. Mother's Birthplace	Germany Germane
8. Full Name of Father	Gotfried Gotfried Kreisel
9. Father's Occupation	Jacket Maker Tobel worker
10. Father's Birthplace	Germane Germany
Name of Medical Attendant, or other Person who makes this Return.	M. R. Rudiger.
Address	134 n. Lond St.
Remarks	

12557

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 11th 1876
4. Place of Birth (Street and Number)	281 Charles Street
5. Full Name of Mother	Agnes Gräfe
6. Mother's Maiden Name	" " Fleischner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jtzermann
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Müller
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12558

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 11th 1876
4. Place of Birth (Street and Number)	No 10 St Peter St
5. Full Name of Mother	Justine Stroh
6. Mother's Maiden Name	" " " Ankel
7. Mother's Birthplace	Germany
8. Full Name of Father	David Stroh
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrine Müllyh
Address	714 Leadenhall Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12559

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 11th 1876
4. Place of Birth (Street and Number)	No 3 Eastern av
5. Full Name of Mother	Margeretha Weisgerber
6. Mother's Maiden Name	" " Mensh
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Weisgerber
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	M. Kaufmah
Address	178 Eastern av
Remarks	

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12560

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 11 ~~60 Styles St~~

4. Place of Birth (Street and Number) 60 Styles St

5. Full Name of Mother Mary Paterson

6. Mother's Maiden Name Mary Fisher

7. Mother's Birthplace Maryland

8. Full Name of Father William Paterson

9. Father's Occupation Labor

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Eliza Fleming

Address No. 97 Albemarle St

Remarks

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12561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 Juli
4. *Place of Birth (Street and Number)* 52 Langeste Strat
5. *Full Name of Mother* Marie Glass
6. *Mother's Maiden Name* Knybel
7. *Mother's Birthplace* Konitz
8. *Full Name of Father* Mateyas Knibel
9. *Father's Occupation*
10. *Father's Birthplace* Konitz

Name of Medical Attendant, or other Person who makes this Return. Marie Güttner

Address Wolf 245 Strt

Remarks

Extract Regulation ... the City of Baltimore.

... rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 14 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 11 Juli
4. *Place of Birth* (Street and Number) 56 Vielber Strel
5. *Full Name of Mother* Kejdy Woźniak
6. *Mother's Maiden Name* Dejás
7. *Mother's Birthplace* Preußen
8. *Full Name of Father* Michael Dejás
9. *Father's Occupation* ~~Laborer~~
10. *Father's Birthplace* Hannover

Name of Medical Attendant, or other Person who makes this Return. Marie Güttner

Address Wolf Strit 245

Remarks

rect Record of V.

That any physician, accoucheur, midwife, or other person in charge ... shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, ~~&c~~) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 11th 1876
4. Place of Birth (Street and Number) Greenmount Ave near Chase
5. Full Name of Mother Johanna McKenna
6. Mother's Maiden Name Fitzgerald
7. Mother's Birthplace Baltimore
8. Full Name of Father Robt McKenna
9. Father's Occupation Iron Moulder
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula D. Chrismer

Address 129 E Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 11th 876
4. *Place of Birth (Street and Number)* No 3 Race Street Between West & Cross
5. *Full Name of Mother* Ellen Scott
6. *Mother's Maiden Name* Ellen Scott
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* John Scott
9. *Father's Occupation* Works in Pickling House
10. *Father's Birthplace* Maryland

Name of ~~Medical Attendant~~, or other Person who makes this Return. Nancy Lokey

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12565

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 11th
4. Place of Birth (Street and Number)	24 N. Bond st Balt Md
5. Full Name of Mother	Mary C. McCauley
6. Mother's Maiden Name	Mary C. Holden
7. Mother's Birthplace	Balt Md
8. Full Name of Father	Jasper McCauley
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Anne Arundal Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Hunt Conner
Address	286 E. Balt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12566

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 25 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	July 12–76
4. *Place of Birth* (Street and Number)	32. Cortland St
5. *Full Name of Mother*	Mary F Dixon
6. *Mother's Maiden Name*	" D. Johnson
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Benjamin Dixon
9. *Father's Occupation*	Store Keeper
10. *Father's Birthplace*	Cambridge, Md
Name of Medical Attendant, or other Person who makes this Return.	Thos W. A. Hayward
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

+2567

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) July 12th
3. Date of Birth
4. Place of Birth (Street and Number) 524 W. Lombard St.
5. Full Name of Mother Elisabetha Helfebein
6. Mother's Maiden Name Engel
7. Mother's Birthplace Landenhausen Hessen Darmstadt
8. Full Name of Father Conrad Engel
9. Father's Occupation Bakery
10. Father's Birthplace Ernsthausen Kurhessen

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumler W 60 Schorter St

Remarks

12568

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 12th 1876.
4. Place of Birth (Street and Number)	Lemon St. near Schroeder.
5. Full Name of Mother	Catherine Mason.
6. Mother's Maiden Name	McCulley.
7. Mother's Birthplace	Ellicott's Mills
8. Full Name of Father	James Mason.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Ellicott's Mills.
Name of Medical Attendant, or other Person who makes this Return.	J. Wallon White M.D.
Address	845 W. Baltimore St.
Remarks	Child Healthy.

rect Record of Vital Statistics in the City of Baltimore.

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12569

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 25 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	american race
3. Date of Birth	July 12th 1876
4. Place of Birth (Street and Number)	Belair avenue near Hamburg St
5. Full Name of Mother	Ida Beatty Upendr
6. Mother's Maiden Name	" " Kemp's
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Kemps
9. Father's Occupation	Machinest
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Allen
Address	48 Holland St Balto City
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth July 12th 1876

4. Place of Birth (Street and Number) 263 S Paca St.

5. Full Name of Mother Mary C. Kelly

6. Mother's Maiden Name Bishman

7. Mother's Birthplace Balto city

8. Full Name of Father J. L. Kelly

9. Father's Occupation Brickmaker

10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. J. Abbey

Address 76 S Paca St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 12th 1876
4. Place of Birth (Street and Number) 156 Chappel str
5. Full Name of Mother Maggeretha Backbet
6. Mother's Maiden Name Lipfert
7. Mother's Birthplace Germ.
8. Full Name of Father Andrew Backbet
9. Father's Occupation Shoemaker
10. Father's Birthplace Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address No 120 Bank str.

Remarks

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

...Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 12th
4. Place of Birth (Street and Number)	No 23 Chapline St
5. Full Name of Mother	Rebecca Wulfsiar
6. Mother's Maiden Name	Myers
7. Mother's Birthplace	City
8. Full Name of Father	Benjamin Franklin Wulfsiar
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bachmann
Address	120 Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	July 12th 1876.
4. Place of Birth (Street and Number)	Biddle St.
5. Full Name of Mother	M. A.
6. Mother's Maiden Name	Lowry
7. Mother's Birthplace	Penn
8. Full Name of Father	Richard D. Stewart
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balt. Co.
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	182 Biddle
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

125711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 12th, 1876
4. Place of Birth (Street and Number)	261 Eastern Avenue
5. Full Name of Mother	Katharine Peters
6. Mother's Maiden Name	K. Klinesmith
7. Mother's Birthplace	Bermezain, Hesse Darmstadt, Germany.
8. Full Name of Father	Frederick Peters
9. Father's Occupation	Produce Dealer
10. Father's Birthplace	Ost Friesland, Hanover, Germany
Name of Medical Attendant, or other Person who makes this Return.	John Rehberger, M. D.
Address	243 Alice Anna St.
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12575

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 July
4. *Place of Birth (Street and Number)* No 64 Central Ave
5. *Full Name of Mother* Wilhelmmine Heltmier
6. *Mother's Maiden Name* König
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christ Heltmier
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

rect Record of Vital Statistics to

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

s in the City of Baltimore.

RETURN OF A BIRTH.

12576

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 12 - 1876
4. Place of Birth (Street and Number)	No - 16 E. Lacy St
5. Full Name of Mother	Alcinda H. Savidge
6. Mother's Maiden Name	" " Creager
7. Mother's Birthplace	Frederick Co, Md -
8. Full Name of Father	Coleman Hall Savidge
9. Father's Occupation	Merchant.
10. Father's Birthplace	Sunbury, Pa.
Name of Medical Attendant, or other Person who makes this Return.	John T. King, M.D
Address	Edmondson Ave near Carrollton Ave
Remarks	

Rules and Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 Child,

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White race,
3. Date of Birth the 12 of July, 1876,
4. Place of Birth (Street and Number) No 1,38 Sarane st,
5. Full Name of Mother Areard Rolest,
6. Mother's Maiden Name Areard Flowead
7. Mother's Birthplace in England
8. Full Name of Father Whilham Rolest,
9. Father's Occupation a Schow maker,
10. Father's Birthplace in England,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st,

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12578

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th July 1876
4. Place of Birth (Street and Number)	368 N. Gilmor St
5. Full Name of Mother	Mary Louisa Mohler
6. Mother's Maiden Name	" " Brockman
7. Mother's Birthplace	Mobile Ala
8. Full Name of Father	E. Grigsby Mohler
9. Father's Occupation	Merchant
10. Father's Birthplace	Rockbridge Co Virginia
Name of Medical Attendant, or other Person who makes this Return	A.B. Williams
Address	201 Madison Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT. JUL 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 12 July 1876
4. Place of Birth (Street and Number) 60½ S. Castle St.
5. Full Name of Mother Barbara Will
6. Mother's Maiden Name Barbara Hohlein
7. Mother's Birthplace Bavaria
8. Full Name of Father Andrew Will
9. Father's Occupation Tailor
10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. M. Leederer

Address 23 S. Durham St.

Remarks

...Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 12th day July
4. Place of Birth (Street and Number) 138 S. Dallas St
5. Full Name of Mother Priscilla Green
6. Mother's Maiden Name Priscilla Green
7. Mother's Birthplace Baltimore
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Walker

5 Address 94 So. Dallas Street

Remarks

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 12 1876
4. Place of Birth (Street and Number) No 38 Wane Street
5. Full Name of Mother Ruth Castor
6. Mother's Maiden Name
7. Mother's Birthplace Fredrick County Md
8. Full Name of Father Robert Castor
9. Father's Occupation Laborer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 71 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 12th 1876
4. Place of Birth (Street and Number) 255 Durham St. F.P.
5. Full Name of Mother Mrs Hamburger.
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father George Hamburger.
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms
Address 178 S Chapel St
Remarks F P

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12583

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 12th July 1876

4. Place of Birth (Street and Number) 16 Lombard St

5. Full Name of Mother Bubina Shetland

6. Mother's Maiden Name Burg

7. Mother's Birthplace Germany

8. Full Name of Father Joseph Shetland

9. Father's Occupation Engraver

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	12th July 1876
4. Place of Birth (Street and Number)	87 Exeter
5. Full Name of Mother	Anna Dora Keller
6. Mother's Maiden Name	Geisang
7. Mother's Birthplace	Germany
8. Full Name of Father	Cigar maker
9. Father's Occupation	Edward Keller
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Harper
Address	52 E Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 12th July 1876

4. Place of Birth (Street and Number) 140 Bratt St

5. Full Name of Mother Mary Bitner

6. Mother's Maiden Name Kramer

7. Mother's Birthplace U. States of America

8. Full Name of Father Adam Bitner

9. Father's Occupation Baker

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 12 Cleveland

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 12th 1876
4. Place of Birth (Street and Number) 200 S. Ann St.
5. Full Name of Mother Caroline Alberta Houck
6. Mother's Maiden Name Caroline Alberta Clavell
7. Mother's Birthplace Balto. City
8. Full Name of Father Julius Houck
9. Father's Occupation Can Maker
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. L. Wilkins

Address 67 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 12, 1876
4. Place of Birth (Street and Number)	Corner Gist a. Mc. Elderry sts.
5. Full Name of Mother	Elise Glase
6. Mother's Maiden Name	C. Weiland
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Glase
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	M R. Rudiger
Address	134 N. Bond Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Anglo-Saxon
3. Date of Birth July 12th — 2 am
4. Place of Birth (Street and Number) 71 Mosier St. Balto: City
5. Full Name of Mother Martha Dawson
6. Mother's Maiden Name Martha Chamblin
7. Mother's Birthplace Leesburg - Loudoun Co Virginia
8. Full Name of Father Roger Temple Dawson
9. Father's Occupation Merchant
10. Father's Birthplace Loudoun Co Virginia

Name of Medical Attendant, or other Person who makes this Return. H. J. A. Powne M.D.

Address 87 Franklin St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12554

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 13 July 1876
4. Place of Birth (Street and Number) Chappell 48
5. Full Name of Mother Mary Tesar
6. Mother's Maiden Name Sedlacek
7. Mother's Birthplace Velky Jabrady in Boh.
8. Full Name of Father Wenzl Tesar
9. Father's Occupation Laborer
10. Father's Birthplace Caslawic in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Kopelish

Address 69 N. Washington st.

Remarks

...ngulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 th child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	July 13 th
4. Place of Birth (Street and Number)	59 mont co meary st
5. Full Name of Mother	~~[illegible]~~ 3 mine thomas
6. Mother's Maiden Name	3 mine thomas
7. Mother's Birthplace	Baltimore
8. Full Name of Father	3d ward hutchison
9. Father's Occupation	labour
10. Father's Birthplace	baltimore
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Porter
Address	no 4
Remarks	Patapsco avenue

helthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12591

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 13th 1876
4. *Place of Birth (Street and Number)* N 15 Mulberry St
5. *Full Name of Mother* Sarah Williams
6. *Mother's Maiden Name* Sarah Winchester
7. *Mother's Birthplace* Natchez Mississippi
8. *Full Name of Father* J Savage Williams
9. *Father's Occupation* Insurance Broker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F L Chatard M D

Address N 114 Park Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

12592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 13th July 1875.
4. *Place of Birth (Street and Number)* No 3. Burk St.
5. *Full Name of Mother* Louisa Throten.
6. *Mother's Maiden Name* Louisa Rush.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* William Throten.
9. *Father's Occupation* Laborer,
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner

Address No 29. Elizabeth Lane.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

12593

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 13th 1876
4. Place of Birth (Street and Number)	280 N Central Ave
5. Full Name of Mother	Kate M Hubbell
6. Mother's Maiden Name	Kate M Thompson
7. Mother's Birthplace	Ireland
8. Full Name of Father	Bernard P Hubbell
9. Father's Occupation	Scroll Sawyer & Moulder
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address	188 Bayard Ave
Remarks	

RETURN OF A BIRTH.

12591

HEALTH DEPARTMENT
AUG
3
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 13th 1876
4. Place of Birth (Street and Number)	117 S. Broadway Baltimore
5. Full Name of Mother	Eliz. Mansfield
6. Mother's Maiden Name	do Reid
7. Mother's Birthplace	Scotland
8. Full Name of Father	R.W. Mansfield
9. Father's Occupation	Physician
10. Father's Birthplace	Kent Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R.W. Mansfield M.D.
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12595.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 13th, 1876
4. Place of Birth (Street and Number)	243 Alice Anna St,
5. Full Name of Mother	Sarah Jane Rehberger
6. Mother's Maiden Name	S. J. Everett
7. Mother's Birthplace	Emmorton, Harford Co. Md.
8. Full Name of Father	John H. Rehberger
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore City Md.
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger M. D.
Address	243 Alice Anna St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12596

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 July
4. *Place of Birth (Street and Number)* No 70 Granby Street
5. *Full Name of Mother* Susanna Simon
6. *Mother's Maiden Name* Smith
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wilhelm Simon
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Strat

Remarks

8

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

12597

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 13th 1876
4. Place of Birth (Street and Number)	18 Liberty alley
5. Full Name of Mother	Elizabeth Miller
6. Mother's Maiden Name	" Ohm
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Miller
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Ursula E. Schreiner
Address	129 E Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12598

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Children.

1. *Sex (state whether Male or Female)* Last a boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Born the 13th of July 1876
4. *Place of Birth (Street and Number)* 353 West Fayette st
5. *Full Name of Mother* Ema Britton
6. *Mother's Maiden Name* Ema Clays
7. *Mother's Birthplace* Petersburg
8. *Full Name of Father* James T Clay
9. *Father's Occupation* Collector
10. *Father's Birthplace* Nottoway Co Va

Name of Medical Attendant, or other Person who makes this Return. Cornelia Runkel

Address 71 North Chapel st per John Runkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12599

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colrd
3. Date of Birth	July 13 18 76
4. Place of Birth (Street and Number)	No 95 church street
5. Full Name of Mother	Josephine Chase
6. Mother's Maiden Name	Josephine valentine
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	William valentine
9. Father's Occupation	oyster shucker
10. Father's Birthplace	Frederick
Name of Medical Attendant, or other Person who makes this Return.	Midwife Mary Chase
Address	residence No 6 Richard court
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12600

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
18
1876
BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Chila

Sex (state whether Male or Female) Male

Race or Color (if not of the white race)

Date of Birth July 13th 1876

Place of Birth (Street and Number) 178 Hanover Street

Full Name of Mother Isabella Tyler

Mother's Maiden Name Isabella Browning

Mother's Birthplace Chicago

Full Name of Father George Bernard Tyler

Father's Occupation Manufacturer

Father's Birthplace New York City

Name of Medical Attendant, or other Person who makes this Return. E. K. Wiley M.D

Address 171 West Lombard Street

Remarks

RETURN OF A BIRTH.

12,601

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth July 13th 1876.

4. Place of Birth (Street and Number) Brew St. No 109.

5. Full Name of Mother Rachel Goldenberg.

6. Mother's Maiden Name Rachel Rosenberg.

7. Mother's Birthplace Germany.

8. Full Name of Father Michahn Goldenberg.

9. Father's Occupation Tobacconist

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return Dr Dorothea Bruns

Address 114 Bath St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Hem Male
2. Race or Color (if not of the white race) white
3. Date of Birth 18 of July
4. Place of Birth (Street and Number) Ensor St No 171.
5. Full Name of Mother Susanna Schaefer
6. Mother's Maiden Name Susanna Hochadel
7. Mother's Birthplace Kirsheardt Baden
8. Full Name of Father Michael Schaefer
9. Father's Occupation Trade Cabinetmaker
10. Father's Birthplace born in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wilburger Müller

Address Sterling St No 165.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d,

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Juli 13d, 1876
4. *Place of Birth (Street and Number)* Kastel Strel 4 [illegible]
5. *Full Name of Mother* Auguste Sandkoeler
6. *Mother's Maiden Name* Fastenrat
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Heinrig Sandkoeler
9. *Father's Occupation* Gardner
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. M. R R Rudiger

Address 134 N. Bond Strel

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12604

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) ✓
3. Date of Birth July 18th 1866
4. Place of Birth (Street and Number) 101 Jackson St. Ave.
5. Full Name of Mother Kate Bartscher
6. Mother's Maiden Name " Lowenmer
7. Mother's Birthplace Balt. Md.
8. Full Name of Father John Bartscher
9. Father's Occupation upholsterer
10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rust M.D.

Address Balt. & Wash. St.

Remarks Natural

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics, in the City of Baltimore.

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12603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 chs

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) white
3. Date of Birth 13 July 1876
4. Place of Birth (Street and Number) No 15 Coulter St Bar
5. Full Name of Mother Mary Hankes
6. Mother's Maiden Name " Grounger
7. Mother's Birthplace Balt Md
8. Full Name of Father Henry Hankes
9. Father's Occupation Mechanic
10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Patterson M.D.

Address 23 Franklin St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 15 1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	13 July
4. Place of Birth (Street and Number)	242 S. Dallas St,
5. Full Name of Mother	Friedricka Laughlin
6. Mother's Maiden Name	Ipresser
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Laughlin
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	191 E Pratt St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 13 1876
4. Place of Birth (Street and Number)	Orleans st 268
5. Full Name of Mother	Ellen Virginia Fletcher
6. Mother's Maiden Name	Ellen Virginia Ary
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James Askey Fletcher
9. Father's Occupation	Provision Dealer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Wynne
Address	323 East Monument St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 13 of July
4. Place of Birth (Street and Number)	Baltimore Somersett St. No. 106
5. Full Name of Mother	Mary Anna Seufert
6. Mother's Maiden Name	Mary Anna Trageser
7. Mother's Birthplace	Aldemidlau Heesen
8. Full Name of Father	Georg Frank Seufert
9. Father's Occupation	Musicer
10. Father's Birthplace	Stat. Lauringen Bavaria
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Corbus Neiß Hebe
	No 40 J Sey Post

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 13 July 1876

4. Place of Birth (Street and Number) 73 Front St

5. Full Name of Mother Josephine Hart

6. Mother's Maiden Name Wiener

7. Mother's Birthplace U. States of America

8. Full Name of Father Henry Hart

9. Father's Occupation Bar Keeper

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 Columbia St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	" " " 4th
1. Sex (state whether Male or Female)	Male " " "
2. Race or Color (if not of the white race)	" " White
3. Date of Birth	July " 73 "
4. Place of Birth (Street and Number)	Baltimore Ebd Hanover St
5. Full Name of Mother	Francis Jane Eckhardt
6. Mother's Maiden Name	S. J. Riggins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	" " Charles E. Eckhardt
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	" " Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ruth Ann Riggins
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d/g
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 13th 1876
4. Place of Birth (Street and Number)	Ohio Lots of Federal Hill
5. Full Name of Mother	Johanna Clinton
6. Mother's Maiden Name	Johanna Casi
7. Mother's Birthplace	Ma
8. Full Name of Father	Will Clinton
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M D
Address	17 Warren Av
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1876. BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 13/76.
4. *Place of Birth* (Street and Number)	Eagle st. No. 0
5. *Full Name of Mother*	Lena Gill
6. *Mother's Maiden Name*	[redacted] Zetka
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Joseph Gill
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto M. D.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Windsor
Remarks	320 Allicd Anna st

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12613

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 14 1876
4. Place of Birth (Street and Number) N. Fremont 33
5. Full Name of Mother Annie A. Maxwell
6. Mother's Maiden Name " " Snyder
7. Mother's Birthplace Pa
8. Full Name of Father Isaac P. Maxwell
9. Father's Occupation Stone Cutter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. W. Herman Mr

Address No 175 Carey St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12,614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 14th 1876 9 P.M.
4. *Place of Birth* (Street and Number) 259 S. Broadway
5. *Full Name of Mother* Annie Virginia Leonfelder
6. *Mother's Maiden Name* Annie Virginia Evans
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph Alfred Leonfelder
9. *Father's Occupation* Saloon
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 14th 1876
4. Place of Birth (Street and Number) Albion House Cathedral St
5. Full Name of Mother Teresa Marshall
6. Mother's Maiden Name Teresa Roberts
7. Mother's Birthplace Cecil Cy. Md
8. Full Name of Father D. Barton Marshall
9. Father's Occupation Merchant
10. Father's Birthplace Winchester Va

Name of Medical Attendant, or other Person who makes this Return. F L Chatard M.D

Address N 114 Park Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 14th 1876
4. Place of Birth (Street and Number)	29 Jordan Alley
5. Full Name of Mother	Barbara Klipper
6. Mother's Maiden Name	" " Grob
7. Mother's Birthplace	Germany
8. Full Name of Father	Gustav Klipper
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Mesenzehl (Midwife)
Address	220 Preston St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 14th of July 1876

4. Place of Birth (Street and Number) 6-11 Aisquith st

5. Full Name of Mother Anna Heinz
Anna Altvater

6. Mother's Maiden Name Baltimore

7. Mother's Birthplace C. E. Heinz

8. Full Name of Father Baltimore

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 14th July 1876
4. *Place of Birth* (Street and Number) Light St No Same
5. *Full Name of Mother* Matilda Rossell.
6. *Mother's Maiden Name* Matilda Bansell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Harve Rossell.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner

Address No 29 Elizabeth Lane.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) collard
3. Date of Birth July
4. Place of Birth (Street and Number) 14 ~~[illegible]~~ Short st
5. Full Name of Mother Emma Lee
6. Mother's Maiden Name Emma Coburn
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Lee
9. Father's Occupation ~~fater~~ parter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs. Lear [illegible]

Address no 32 short st

Remarks healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12620

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 14, 876.
4. Place of Birth (Street and Number)	12 Zoo per St.
5. Full Name of Mother	Paulina Walters
6. Mother's Maiden Name	Pitt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Walters
9 Father's Occupation	Saloon Keeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr W. P. Morgan
Address	95 Saratoga
Remarks	

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

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12621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	14 July 1876
4. Place of Birth (Street and Number)	Salmon Alley No 10
5. Full Name of Mother	Molly Allen
6. Mother's Maiden Name	
7. Mother's Birthplace	Easton Shore Maryland
8. Full Name of Father	—
9. Father's Occupation	—
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return.	Rocky Williams
Address	No 70 Chesnut Street
Remarks	Mother [illegible]

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12622

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 31 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 14th 1876.
4. Place of Birth (Street and Number)	607 Penna Ave.
5. Full Name of Mother	Laura V. Williams
6. Mother's Maiden Name	Deems
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Dan'l V. Williams
9 Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	P. C. Christian
Address	731 Penna Ave.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12623
12624

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Twin, one male & one female

2. Race or Color (if not of the white race) White

3. Date of Birth July 14th 1876

4. Place of Birth (Street and Number) No 161 E Eagle St

5. Full Name of Mother Mary L. Hackney

6. Mother's Maiden Name Mary Louisa Epron

7. Mother's Birthplace City

8. Full Name of Father John Richard Hackney

9. Father's Occupation Painter

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. B. J. Millett M.D.

Address 189 Aisquith St

Remarks

12625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1925 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 14
4. Place of Birth (Street and Number)	181 S. Ann St
5. Full Name of Mother	Margaretha Albert
6. Mother's Maiden Name	" Schammel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Albert
9. Father's Occupation	Shoe fitter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No. 289 S. Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 of July
4. Place of Birth (Street and Number)	Birth St. No. 28
5. Full Name of Mother	Sarah Merrick
6. Mother's Maiden Name	Sarah Clark
7. Mother's Birthplace	Talbot County
8. Full Name of Father	James Merrick
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Miss Martin
Address	West St. No. 128
Remarks	Full name - Harry H. Merrick

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 of July
4. Place of Birth (Street and Number)	William St. No. 230
5. Full Name of Mother	Cathrin Bopp
6. Mother's Maiden Name	Cathrin Müller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frink Bopp ~~Fecher~~
9. Father's Occupation	Fecher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St. No. 28
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* July 14th
4. *Place of Birth (Street and Number)* Ann st
5. *Full Name of Mother* Maria P. Newman.
6. *Mother's Maiden Name* Maria P. Newman.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Richard Hughes.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Annapolis

Name of Medical Attendant, or other Person who makes this Return Sarah Styles.

Address 247 Orleans st

Remarks

12629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) snl

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* bel ard
3. *Date of Birth* July 19 1876
4. *Place of Birth (Street and Number)* 49 Steb Ten aly
5. *Full Name of Mother*
6. *Mother's Maiden Name* Marg rit Start
7. *Mother's Birthplace* bal ti Mar Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Schol lat W.O.M.

Address 258 Roberg St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 14th 1876
4. Place of Birth (Street and Number)	148 Greenmount Ave.
5. Full Name of Mother	Laura Wooden
6. Mother's Maiden Name	Laura Wells
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	William Wooden
9. Father's Occupation	Painter
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter M.D.
Address	11 Greenmount Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 14 of July
4. Place of Birth (Street and Number) Cumberland Street No 957.
5. Full Name of Mother Anna Hallmeier
6. Mother's Maiden Name Anna Wolf
7. Mother's Birthplace Geboren in Wildenau Bayern
8. Full Name of Father Alois Hallmeier
9. Father's Occupation Schneider
10. Father's Birthplace Geboren in Schönberg Bayern

Name of Medical Attendant, or other Person who makes this Return. Walburger Müller

Address Sterling St No 165.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 14 1876
4. Place of Birth (Street and Number) 3 Parkin
5. Full Name of Mother Elizabeth Hoffman
6. Mother's Maiden Name " Stultz
7. Mother's Birthplace Balt
8. Full Name of Father Reynolds Hoffman
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. F. A. Kemp M.D.

Address 55 N Greenwich

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1976 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 14
4. *Place of Birth (Street and Number)* 413 Cross St
5. *Full Name of Mother* Margaretha Hensel
6. *Mother's Maiden Name* Brüning
7. *Mother's Birthplace* Hessen Darmstadt
8. *Full Name of Father* John Hensel
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Kur Hessen

Name of Medical Attendant, or other Person who makes this Return. Max Kruse

Address 328 South Eutaw St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	14 July
4. Place of Birth (Street and Number)	133½ S. Caroline St.
5. Full Name of Mother	Magdalena Troelich
6. Mother's Maiden Name	Kemsleather
7. Mother's Birthplace	Germany
8. Full Name of Father	Balthasar Troelich
9. Father's Occupation	Sailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	151 E. Fraft St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

12623

HEALTH DEPARTMENT
JUL 15 1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth July 1876

4. Place of Birth (Street and Number) 24 Wallace St

5. Full Name of Mother Maria Stearns

6. Mother's Maiden Name Brain

7. Mother's Birthplace Germany

8. Full Name of Father August Stearns

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Carfen

Address 52 E Lexington St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 14th 1876
4. Place of Birth (Street and Number) 82 S. Bethel
5. Full Name of Mother Rachel Rebecca Gaines
6. Mother's Maiden Name Rachel Rebecca Brown
7. Mother's Birthplace Balto. City
8. Full Name of Father Causeman H. Gaines
9. Father's Occupation Superintendent Marine Railway
10. Father's Birthplace Somerset Co. Md.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M. D.

Address 6 G. S. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	14 July 1876
4. Place of Birth (Street and Number)	Abbott 20
5. Full Name of Mother	Mary Dvořak
6. Mother's Maiden Name	Mary Ščenašek
7. Mother's Birthplace	Tetetic in Bohemia
8. Full Name of Father	Wencel Dvořak
9. Father's Occupation	laboror
10. Father's Birthplace	Oseko in Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Anna Ščenašek
Address	Abbott 20
Remarks	

Extract Regulations of the Board of Health relative to securing a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child & children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 15
4. Place of Birth (Street and Number)	No. 100 Thames St
5. Full Name of Mother	Henrietta Kumpke
6. Mother's Maiden Name	" Knackestedt
7. Mother's Birthplace	Salztetfurth
8. Full Name of Father	W. Kumpke
9. Father's Occupation	Labor
10. Father's Birthplace	Hannover
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No. 289 S. Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 15th 1876
4. Place of Birth (Street and Number)	No 77 Bank nr Caroline Sts
5. Full Name of Mother	Anna R. Miller
6. Mother's Maiden Name	Anna Richter
7. Mother's Birthplace	Germany
8. Full Name of Father	Frank Miller.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	No 178 S Chapel St F P
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12640

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 24 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 15th 1876
4. *Place of Birth* (Street and Number)	No. 214 N. Fremont St.
5. *Full Name of Mother*	Mrs. Ella Elizabeth Kirby McCusker
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Canada East
8. *Full Name of Father*	Patrick Kirby
9 *Father's Occupation*	Provision dealer
10. *Father's Birthplace*	Co. Fermanagh, Ireland
Name of Medical Attendant, or other Person who makes this Return.	William H. Murray M.D. No. 80 S. Carey St.
Address	
Remarks	

Extract Regulations of the Board of Health to secure a prompt and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12641

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex (~~state whether Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 15th 1876
4. Place of Birth (Street and Number)	1 E. corner of Fayette & Paca.
5. Full Name of Mother	Susan Bruff Hallett
6. Mother's Maiden Name	Susan Bruff
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm B. Hallett
9. Father's Occupation	Merchant
10. Father's Birthplace	Northampton Co Virginia
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. O. Wilson
Address	146 Park Avenue
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, or of such child or children

12642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 15th 1876

4. Place of Birth (Street and Number) No 21 Fountain St

5. Full Name of Mother Sarah E Maxwell

6. Mother's Maiden Name Sarah E Conkling

7. Mother's Birthplace Baltimore

8. Full Name of Father John Maxwell

9. Father's Occupation Hostler

10. Father's Birthplace Fair Haven Conn

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Frey

Address 193 South Chester St

Remarks Healthy Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 21 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 15th 1876
4. Place of Birth (Street and Number)	No 8 Leadenhall Street
5. Full Name of Mother	Mina Kasten
6. Mother's Maiden Name	" " Schwob
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Kasten
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12644

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 15th July 1878

4. Place of Birth (Street and Number) — Fort Avenue

5. Full Name of Mother Maria Closen

6. Mother's Maiden Name " Pfyfer

7. Mother's Birthplace Germany

8. Full Name of Father Phillip Closen

9. Father's Occupation Musician

10. Father's Birthplace U. State of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard St

Remarks

rect ... ity of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.) July 15 1876

state whether Male or Female) a girl bhil

or Color (if not of the white race) bordered bhill

of Birth 15 Ms of Hive oblock evening one

of Birth (Street and Number) rope walk Alley near Lombard

Name of Mother Jane Elkes 1 bhild manectmn

's Maiden Name Jane bank 1 Maria elkes

r's Birthplace Campbrige MD

Name of Father Samuel elkes

's Occupation authoring man

r's Birthplace bal ofornia

ne of Medical Attendant, or other Person who makes this Return. Gardine fisher

ddress west st 181 near Yeanover

Remarks

...ct Regulations of the Board of Health to secure a full and ...
...ord of Vital Statistics in the ...

12646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 15th
4. Place of Birth (Street and Number) McElederry.
5. Full Name of Mother Sarah Murry
6. Mother's Maiden Name Sarah Tales
7. Mother's Birthplace Balt Md
8. Full Name of Father Neal Murry
9. Father's Occupation Drayman
10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board [illegible] full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15th July 1876
4. Place of Birth (Street and Number) 382 Myrtle Avenue,
5. Full Name of Mother Sarah Jane Holliday,
6. Mother's Maiden Name " " Tolemaile,
7. Mother's Birthplace Pennsylvania
8. Full Name of Father James Holliday
9. Father's Occupation Florist
10. Father's Birthplace Baltimore,

Name of Medical Attendant, or other Person who makes this Return. Harry L. Byrd

Address 139 Arlington Avenue,

Remarks Natural Labor, 12 Tours duration,

Mother & Child doing well,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12611-5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	Sat. July 15th 1876
4. *Place of Birth* (Street and Number)	Stockton Alley
5. *Full Name of Mother*	Mary Jane Price
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	James Price
9. *Father's Occupation*	Wagoner
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Proctor
Address	10 Carlton St.
Remarks	City.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 14 1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 15th 1916
4. *Place of Birth (Street and Number)* Corner of Madison Ave & Wilson St
5. *Full Name of Mother* Oregon Pfeffer
6. *Mother's Maiden Name* Oregon Atkinson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Geo. J. Pfeffer
9. *Father's Occupation* Manufacturer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. L. Chatard M.D

Address N 114 Park Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 15
4. Place of Birth (Street and Number) Etting Street No 46
5. Full Name of Mother Emiline ~~Airey~~ O'Brian
6. Mother's Maiden Name Emiline Airey
7. Mother's Birthplace Baltimore
8. Full Name of Father William George O'Brian
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. F. Adams

Address 215 Druid Hill Ave

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12637

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 15 1876

4. Place of Birth (Street and Number) Balto Co. Md 639

5. Full Name of Mother Mary King

6. Mother's Maiden Name Mary Murphy

7. Mother's Birthplace Baltimore County

8. Full Name of Father Edward King

9. Father's Occupation House carpenter

10. Father's Birthplace Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. J E Shultz M D

Address 211 Aliceanna St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 15, 76
4. Place of Birth (Street and Number) 46 Pearl
5. Full Name of Mother Sallie Lee
6. Mother's Maiden Name " Williams
7. Mother's Birthplace Philadelphia
8. Full Name of Father Jno W M Lee
9. Father's Occupation Librarian Mercantile Library
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. F. A. Kemp Md.

Address 53 N Grant St.

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12653

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	american
3. Date of Birth	July 16th 1876
4. Place of Birth (Street and Number)	Pratt St # 311
5. Full Name of Mother	May Shuster
6. Mother's Maiden Name	" Yost
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John D. Shuster
9. Father's Occupation	Segar maker
10. Father's Birthplace	Gettysburg Pa.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Uhlig
Address	48 Holland St Balto Md
Remarks	

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12634

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 16th 1876
4. Place of Birth (Street and Number) No ~~90~~ 95 Sommerset st
5. Full Name of Mother Mary Schissler
6. Mother's Maiden Name Mary Lang
7. Mother's Birthplace Germany
8. Full Name of Father George Schissler
9. Father's Occupation Labora
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 182 Monument st

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

12455

HEALTH DEPARTMENT JUL 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 16.
4. Place of Birth (Street and Number)	249 Sharp St.
5. Full Name of Mother	Emilie Meltzer
6. Mother's Maiden Name	" Conner
7. Mother's Birthplace	Mecklenburg (Germany)
8. Full Name of Father	Louis Meltzer
9. Father's Occupation	Shoe Manufacturer
10. Father's Birthplace	Saxony (Germany)
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	329 South Eutaw St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 16th 1876
4. Place of Birth (Street and Number)	173 Eliza Smith
5. Full Name of Mother	Catharina Biedeker
6. Mother's Maiden Name	C. Bredehorst
7. Mother's Birthplace	Bremen Germany
8. Full Name of Father	F. Biedeker
9. Father's Occupation	Coachman
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenck
Address	36 Read St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12657

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex* (state whether Male or ~~Female~~) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* July 16

4. *Place of Birth* (Street and Number) 180 Calhoun

5. *Full Name of Mother* ~~Mc~~ Holley

6. *Mother's Maiden Name* Thurman

7. *Mother's Birthplace* "Balt

8. *Full Name of Father* Marcellus L. Holley

9. *Father's Occupation* Drummer

10. *Father's Birthplace* N. Carolina

Name of Medical Attendant, or other Person who makes this Return. L. Wm Walker M.D.

Address 18. S. Eutaw

Remarks

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 Child
1. Sex (state whether Male or Female)	Male & Female ~~twins~~ twins Female still born
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	15 of July
4. Place of Birth (Street and Number)	No 23 Cheese Street
5. Full Name of Mother	Briscila Bassett
6. Mother's Maiden Name	Briscila Buster
7. Mother's Birthplace	Harford County MD
8. Full Name of Father	Tolin Bassett
9. Father's Occupation	Tolfer on Water
10. Father's Birthplace	Yorke County Virginia
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park avenue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
20
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First born
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	4th July
4. Place of Birth (Street and Number)	No. 28 Burke Street
5. Full Name of Mother	Lizzie Milaney
6. Mother's Maiden Name	Lizzie Wesley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Milaney
9. Father's Occupation	~~Farmer~~ laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant or other Person who makes this Return	Louisa Wiley
Address	No 12 Paterson Park avnue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12660

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th day of July 1876
4. *Place of Birth (Street and Number)* 4 May St
5. *Full Name of Mother* Susan Bagget
6. *Mother's Maiden Name* Susan Beacho
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Bagget
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Lee Walker

Address 9 E. Dallas St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, in six days thereafter, stating distinctly the date of birth, sex, and color of the child or children its or their physical condition, whether still born or not, the full name, nativity, and residence of parents, and the maiden name of the mother of such child or children.

12661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth Sunday July 16

4. Place of Birth (Street and Number) 11 Ringold St. Baltimore

5. Full Name of Mother Carroline Lester.

6. Mother's Maiden Name Carroline Stoff

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Henry Lester.

9. Father's Occupation Driver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Sebach[illegible] [illegible]

Address near Fremont

Remarks 439 West Lenth St.

Extract Regulations of the Board of Health of the Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 16 th 1876
4. Place of Birth (Street and Number)	258 Hanover Street
5. Full Name of Mother	Elise Weller
6. Mother's Maiden Name	" " Waldschmidt
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Weller
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall St
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 21 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 July
4. Place of Birth (Street and Number)	43 Durham Street
5. Full Name of Mother	Margerada Hirschman
6. Mother's Maiden Name	Backman
7. Mother's Birthplace	Germany
8. Full Name of Father	George Hirschman
9. Father's Occupation	none
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Simon
Address	No 70 Grundy Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July. 16th 1876
4. Place of Birth (Street and Number)	158 N Henry st
5. Full Name of Mother	Mary Smith Ryan
6. Mother's Maiden Name	Mary Smith
7. Mother's Birthplace	Anne Arundel Co. Md.
8. Full Name of Father	William Robinson Ryan
9. Father's Occupation	Mechanic
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Meyer
Address	136 N Henry St
Remarks	Mother and baby doing well

Correct Record of ...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

Vital Statistics in the City of Baltimore

of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	Colored
Date of Birth	So 16th July
Place of Birth (Street and Number)	Buern St No 51
Full Name of Mother	Soffe Gladen
Mother's Maiden Name	Soffe Brown
Mother's Birthplace	Baltimore
Full Name of Father	William Gladen
Father's Occupation	Coller & Sgau for Sam Wilson
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Glen Tupper
Address	Sharp St No 42
Remarks	

12,666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL 22 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 16th July 1876

4. Place of Birth (Street and Number) 29 E Eden St

5. Full Name of Mother Leonida Chambley

6. Mother's Maiden Name Bates

7. Mother's Birthplace N State of Tennessee

8. Full Name of Father David Chambley

9. Father's Occupation Hack Driver

10. Father's Birthplace U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cofer

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

Concerning the Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Single
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 14th
4. Place of Birth (Street and Number)	12½ East Pratt Street
5. Full Name of Mother	Barbary Levy
6. Mother's Maiden Name	Cohn
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Levy
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Miss Gitze
Address	53 South Bond St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 20 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 16 1876
4. Place of Birth (Street and Number)	121 S. Paca
5. Full Name of Mother	Elizabeth Gertrude Murphy
6. Mother's Maiden Name	Elizabeth Gertrude Murphy
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Wm Murphy
9. Father's Occupation	Lawyer
10. Father's Birthplace	St. Thomas
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	6 S. Broadway
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 child

1. Sex (state whether Male or Female) last a boy
2. Race or Color (if not of the white race) Color White
3. Date of Birth born the 14th of July 1876
4. Place of Birth (Street and Number) 264 North West East Orleans St
5. Full Name of Mother Maria Katin Dunn
6. Mother's Maiden Name Maria Katin Ord
7. Mother's Birthplace Baltimore
8. Full Name of Father Franz Joseph Oder
9. Father's Occupation Pottery
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 71 North chapel st [illegible] John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to Secure a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12,670

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 16th '76 -
4. Place of Birth (Street and Number)	431 N. Carey St.
5. Full Name of Mother	Louisa Bollman
6. Mother's Maiden Name	Brunt
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Jacob M. Bollman
9. Father's Occupation	Machinist
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight
Address	112 N. Greene St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 16th 1876.
4. Place of Birth (Street and Number) Battery Av. No. 99.
5. Full Name of Mother Margretta Lowry.
6. Mother's Maiden Name Margretta Schneider
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Alfred. Lowry.
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return. Dorothea Burns.
Address 114 Battery Av.
Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12672

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 16th July 1876

4. Place of Birth (Street and Number) 9th N Exeter

5. Full Name of Mother Mary Johnson

6. Mother's Maiden Name Mary Firth

7. Mother's Birthplace Belfast Ireland

8. Full Name of Father Johnson

9. Father's Occupation Clerk

10. Father's Birthplace Hillsboro Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address Barber Reiß Hebamme 9 Lagerstrasse No 40

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ~~within six days thereafter,~~ stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th
4. Place of Birth (Street and Number)	Baltimore Johnson St No 246
5. Full Name of Mother	Anne east
6. Mother's Maiden Name	Anne gipson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	roberd east
9. Father's Occupation	engnear
10. Father's Birthplace	irland
Name of Medical Attendant, or other Person who makes this Return.	Elisabeth Hatborn
Address	288 Johnson Street
Remarks	

...rect Record of ... of Baltimore.

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12674

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 17. 1876
4. Place of Birth (Street and Number) 7 Woodyear Street
5. Full Name of Mother Elizabeth Stevens
6. Mother's Maiden Name " Cromwell
7. Mother's Birthplace Baltimore
8. Full Name of Father Levin Stevens
9. Father's Occupation Heater at Furnace
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard M.D.

Address 35 Jackson Square ave

Remarks

Extract Regulations of Vital Statistics in the City of Baltimore in full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12675

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 17th
4. Place of Birth (Street and Number) Washington road. no 28
5. Full Name of Mother L. Sigwart
6. Mother's Maiden Name L. Fambach
7. Mother's Birthplace Baltimore
8. Full Name of Father Max Sigwart
9. Father's Occupation Jewder
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A. L. Buddenbohn M. D.

Address no 106. Columbia. Av.

Remarks

...rect Record of ... in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 20 16
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th July
4. *Place of Birth (Street and Number)* 49 Front St
5. *Full Name of Mother* Kunigunda Schlintz
6. *Mother's Maiden Name* Kunigunda Koerber
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* George Schlintz
9. *Father's Occupation* Iron worker
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. M. Lederer

Address 23 S. Durham St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife; or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12677

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 July
4. *Place of Birth (Street and Number)* 95 Low Street
5. *Full Name of Mother* Catharine Urban
6. *Mother's Maiden Name* Bleg
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Urban
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No. 70 Greenly Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12678

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	17 July 1876
4. Place of Birth (Street and Number)	744 N. Carey St.
5. Full Name of Mother	Rosalind Eleanor Backus
6. Mother's Maiden Name	Thaler
7. Mother's Birthplace	Balt City
8. Full Name of Father	Louis Backus
9. Father's Occupation	Merchant
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Martin Brown M.D.
Address	20 N. Liddle St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colford
3. Date of Birth July 17th 1876
4. Place of Birth (Street and Number) No 3 Youngs Court
5. Full Name of Mother Ezabelle Anderson
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore City
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Bull

Address No. 209 Monument St. Cor. Central Avenue Bull.

Remarks Both well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 17 July 1876
4. Place of Birth (Street and Number) No 5 Lilling Alley
5. Full Name of Mother
6. Mother's Maiden Name Mary Brown
7. Mother's Birthplace Queen Ann County
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. ~~Attd~~ Rector

Address Williams 70 Chemist Ave

Remarks Moth. Child Doing Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 17th 1876
4. Place of Birth (Street and Number)	31 Strickland
5. Full Name of Mother	Margaretha Rosenthal
6. Mother's Maiden Name	Mr. Wittig
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. Rosenthal
9. Father's Occupation	Watchmaker
10. Father's Birthplace	Bavarian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Peach St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12682

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	17th July 1881.
4. Place of Birth (Street and Number)	No. 75 Grindel St.
5. Full Name of Mother	Katherine Schaar
6. Mother's Maiden Name	Katherine Apland.
7. Mother's Birthplace	Germany
8. Full Name of Father	Peter Schaar.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Katherine Horner.
Address	No 29. Elizabeth Lane.
Remarks	

1268.3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	17 July 1876
4. *Place of Birth* (Street and Number)	134 N. Caroline st
5. *Full Name of Mother*	L. Henson
6. *Mother's Maiden Name*	L. Cooper
7. *Mother's Birthplace*	Baltimore city
8. *Full Name of Father*	G. D. Henson
9. *Father's Occupation*	Driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ray Walter
Address	121 N. Caroline st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12684

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE HEALTH DEPARTMENT JUL 26 1876

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth July 17th 1876
4. Place of Birth (Street and Number) Balto. Cor. Cary & Saratoga Sts
5. Full Name of Mother Hester Ann Kingsgold
6. Mother's Maiden Name Do. Do.
7. Mother's Birthplace Balto City
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. J. R. Hammond M.D.

Address Cor. Calhoun & Hollins Sts.

Remarks Mother unmarried, Birth of Child premature, Consequently immature & feeble

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) —
3. Date of Birth July 17th 1876
4. Place of Birth (Street and Number) 118 Battery Av.
5. Full Name of Mother Euphemy Denney
6. Mother's Maiden Name " Nuneley.
7. Mother's Birthplace Richmond Va.
8. Full Name of Father John E. Denney
9. Father's Occupation Paper Hanger.
10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall, M.D.

Address 158 S. Sharp St

Remarks Child healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) six Child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* on the seventeenth of July 1876

4. *Place of Birth (Street and Number)* Stockton alley

5. *Full Name of Mother* gwen victory Thomson

6. *Mother's Maiden Name* gwen victory Martin

7. *Mother's Birthplace* Bedford County Virginia

8. *Full Name of Father* John Thomas Johnson

9. *Father's Occupation* Labors Works

10. *Father's Birthplace* Born in Amack County Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs L Richards

Address No 25 Norris Alley

Remarks healthey

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 17th 1876
4. Place of Birth (Street and Number) 224 Eastern Ave
5. Full Name of Mother Caroline Klehm
6. Mother's Maiden Name " Felder
7. Mother's Birthplace Baltimore
8. Full Name of Father Adam Klehm
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James [illegible] Mc Keane, M.D.

Address 254 Eastern Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (5th) fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 17th July 1876
4. *Place of Birth (Street and Number)* 185 Pennsylvania Avenue
5. *Full Name of Mother* Carrie Adams Fisterer
6. *Mother's Maiden Name* Carrie Adams Noah
7. *Mother's Birthplace* Accomac County Virginia
8. *Full Name of Father* Joseph John Fisterer
9. *Father's Occupation* Cooker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. C. Hummer

Address 190 Penn Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	July 18th 1876
4. *Place of Birth* (Street and Number)	92 N. Washington
5. *Full Name of Mother*	Pulina Meisenhelder
6. *Mother's Maiden Name*	" Mattes
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Simon Meisenhelder
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	P. G. Dauschmid
Address	27 N. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) american
3. Date of Birth July 18th 1870
4. Place of Birth (Street and Number) Mc Ellidery St H 70
5. Full Name of Mother Fannie Hobbs
6. Mother's Maiden Name " Myers
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Charles Hobbs
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ullig

Address 48 Holland St City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Earlier Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12691

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE, CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 18th 1876
4. Place of Birth (Street and Number)	57 Gough St
5. Full Name of Mother	Mary A Reiley
6. Mother's Maiden Name	" " Davis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph H Reiley
9. Father's Occupation	Cor Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	286 N Bond st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12692

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Eighteenth of July 1876
4. Place of Birth (Street and Number)	86 N. Paca Street
5. Full Name of Mother	Margaret Siemers
6. Mother's Maiden Name	Margaret Miller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Herman Frideick Siemers
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Winneberger
Address	23 N. Liberty St.
Remarks	

RETURN OF A BIRTH.

12693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 the

1. *Sex* (state whether Male or Female) Mail
2. *Race or Color* (if not of the white race) Colard
3. *Date of Birth* 13 July 1876
4. *Place of Birth* (Street and Number) 230 West St
5. *Full Name of Mother* Mala Martha Grant
6. *Mother's Maiden Name* Martha Clement
7. *Mother's Birthplace* City of Baltimore
8. *Full Name of Father* James Grant
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Calvert County

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address No 1238 Lamburg St

Remarks Milly Gross has removed Lamburg 288

Record of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12694

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPARTMENT
JUL 24 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	seventh
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 18th 1876
4. Place of Birth (Street and Number)	Shutts Court
5. Full Name of Mother	Susan Ferguson
6. Mother's Maiden Name	
7. Mother's Birthplace	A. A. County Md
8. Full Name of Father	John Butler
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Nancy Logan mid Wife
Address	No 3 Sebbon Street
Remarks	

rect Record of Vital S

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 22 1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 18th 1876
4. Place of Birth (Street and Number)	100 McClure Street
5. Full Name of Mother	Dr. Christiane Rudolf
6. Mother's Maiden Name	Christiane Tachlieb
7. Mother's Birthplace	Germany
8. Full Name of Father	Justus Rudolf
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	M. R. Rudiger
Address	134 N. Bond Street
Remarks	

ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12696

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 1st
4. Place of Birth (Street and Number)	56 Hamburg St
5. Full Name of Mother	Mary E. Ray
6. Mother's Maiden Name	Bias
7. Mother's Birthplace	Balto City
8. Full Name of Father	Robert Ray
9. Father's Occupation	Iron Moulder
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J C Burch MD
Address	141 Hamburg St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
22
876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (M)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 18th 1876
4. Place of Birth (Street and Number)	218 Harford Ave
5. Full Name of Mother	Annie M. Prime
6. Mother's Maiden Name	Annie M. Brady
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm J. Prime
9. Father's Occupation	Ganger & Inspector
10. Father's Birthplace	~~Baltimore~~ Bladensburg Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address	178 Harford Ave
Remarks	

Extract Regulations of the Board of Health in relation to securing a correct Record of Vital Statistics in the City of Baltimore.

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12698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth July 13
4. Place of Birth (Street and Number) 196 centeral ave
5. Full Name of Mother Charity Grimage
6. Mother's Maiden Name Charity Steppard
7. Mother's Birthplace Anaranel Co Md
8. Full Name of Father Eligha Grimage
9. Father's Occupation work in Brick yard.
10. Father's Birthplace Anaranel Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Hahnman

Address no 32 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
24
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixe
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	18 July
4. Place of Birth (Street and Number)	148 Scott
5. Full Name of Mother	Susan Crasell
6. Mother's Maiden Name	Phelps
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm C Crasell
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Maria Gorman
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (~~state whether 1st,~~ 2d, ~~3d, &c.~~) Second

1. Sex (~~state whether Male or~~ Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 18th 1876

4. Place of Birth (Street and Number) 1034 Chase Street

5. Full Name of Mother Ella Kirby

6. Mother's Maiden Name Ella Hodges

7. Mother's Birthplace Baltimore

8. Full Name of Father George A. Kirby

9. Father's Occupation Merchand: Broker

10. Father's Birthplace Anne Arundel Co: Md

Name of Medical Attendant, or other Person who makes this Return. H. P. O. Wilson M.D.

Address 146 Park Avenue,

Remarks

Extract Regulations of Vital Statistics in the City of Baltimore.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) — 10

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 July
4. *Place of Birth (Street and Number)* 237 Eden Street
5. *Full Name of Mother* Katharine Hartwig
6. *Mother's Maiden Name* Straehl
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jakob Hartwig
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address 1070 Granby Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 18th July 1876

4. Place of Birth (Street and Number) 95 Eager St.

5. Full Name of Mother Mary Safferty

6. Mother's Maiden Name " Sardenstricker

7. Mother's Birthplace U. States of America

8. Full Name of Father Robert Safferty

9. Father's Occupation Laborer

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Thursday July 18 1876
4. Place of Birth (Street and Number) Baltimore No. 80 E. Lombard St.
5. Full Name of Mother Mrs Minnie Bayer
6. Mother's Maiden Name Miss Minnie Amrhine
7. Mother's Birthplace Baltimore
8. Full Name of Father Mr. Martin Bayer
9. Father's Occupation Tonsorial Artist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Larber Neiß Helmut

Remarks No 40 J Lagrystat

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 18th 1876
4. Place of Birth (Street and Number)	111 Greenmount Ave
5. Full Name of Mother	Marcelina Boggess
6. Mother's Maiden Name	Marcelina Wright
7. Mother's Birthplace	Balto Md.
8. Full Name of Father	William Boggess
9. Father's Occupation	Carpenter
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	Silas N Hunter M.D.
Address	111 Greenmount Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12705

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 19th 1876
4. Place of Birth (Street and Number)	1217 E. Eager St Balto Md
5. Full Name of Mother	Callie Jennie Mercer
6. Mother's Maiden Name	Callie Jennie Kennedy
7. Mother's Birthplace	Lexington Kentucky
8. Full Name of Father	Charles Herman Mercer
9. Father's Occupation	Paper Hanger
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Eduard Olivo
Address	419 N. Gay St Baltimore
Remarks	

12706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 19 July
4. Place of Birth (Street and Number) 88 Ann st
5. Full Name of Mother Mary Ann Johnson
6. Mother's Maiden Name Mary Ann Clayton
7. Mother's Birthplace Balt Md
8. Full Name of Father Charles Johnson
9. Father's Occupation Stevedore
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address Sarah Slyle

Remarks 247 Cellars st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male ~~Boy~~
2. Race or Color (if not of the white race)	
3. Date of Birth	July 19th 1876
4. Place of Birth (Street and Number)	86 N Poppleton.
5. Full Name of Mother	Georganna A Douglass
6. Mother's Maiden Name	Georganna A Porter
7. Mother's Birthplace	Maryland
8. Full Name of Father	Benjamin F Douglass
9. Father's Occupation	Plumber & Gas fitter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	John D Pennington M.D.
Address	98 N Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1.2708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 19th 1876
4. *Place of Birth* (Street and Number) N 6 Greenmount Ave
5. *Full Name of Mother* Catherine Ann Cassidy
6. *Mother's Maiden Name* Catherine Ann Callan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Francis Cassidy
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* Co Meath Ireland

Name of Medical Attendant, or other Person who makes this Return. F. S. Chatard M.D.

Address N 114 Park Ave

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex (state whether Male or Female)* ~~Fe~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 19th 1876
4. *Place of Birth (Street and Number)* N 351 E. Baltimore St
5. *Full Name of Mother* Mary Jane Kemp
6. *Mother's Maiden Name* Mary Jane Adams
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard C Kemp
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F E Chatard M D

Address N 114 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12710

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
JU
28
77
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 19th 4.30 P.M. 1876
4. *Place of Birth* (Street and Number) 398 E. Pratt St
5. *Full Name of Mother* Mary Ellen Wilson
6. *Mother's Maiden Name* Mary Ellen Dimond
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Edward Wilson
9. *Father's Occupation* Steam Ship Merchant
10. *Father's Birthplace* Jersey City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D

Address 299 E. Baltimore St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th 1896
4. Place of Birth (Street and Number)	No 12 Caroline st
5. Full Name of Mother	Hannah Bachanack
6. Mother's Maiden Name	Hannah Jacola
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Pattie Bachanack
9. Father's Occupation	Saleman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Hena Hillegeist
Address	No 684 Monument st
Remarks	

12712

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 25 1876
BALTIMORE

Record of Vital Statistics

Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	Mulatto
Date of Birth	10th July 1876
Place of Birth (Street and Number)	876 North Liberty Street
Name of Mother	Mary Williams
Mother's Maiden Name	"
Mother's Birthplace	Baltimore
Name of Father	Unknown
Father's Occupation	"
Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Elton Stubbs
Address	No. 42 N. Sharp St.
Remarks	

RETURN OF A BIRTH.

12715

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
26
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 19th.
4. Place of Birth (Street and Number)	46 South Bethel St.
5. Full Name of Mother	Ella Lehman
6. Mother's Maiden Name	Nash
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ernst Lehman
9. Father's Occupation	Fireman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Alw. Gutzke
Address	55 South Bond St.
Remarks	

rect Record of Vital Statis. . . . Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth July 19th 1876

4. Place of Birth (Street and Number) 277 W Biddle

5. Full Name of Mother Mary A. Ahrend

6. Mother's Maiden Name Allen

7. Mother's Birthplace Map

8. Full Name of Father Herman Ahrend

9. Father's Occupation Photographer

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. J H Cinney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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12,713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th July
4. Place of Birth (Street and Number)	William St No 365
5. Full Name of Mother	Margret Kane.
6. Mother's Maiden Name	Margret Fitzpatrick
7. Mother's Birthplace	Kings County Ireland
8. Full Name of Father	Thomas Kane.
9. Father's Occupation	engineer
10. Father's Birthplace	County Dublin Ireland
Name of Medical Attendant, or other Person who makes this Return.	Miss Martin
Address	West St ob 118
Remarks	

12716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	July 19
4. Place of Birth (Street and Number)	217 durham st.
5. Full Name of Mother	martha Middleton
6. Mother's Maiden Name	martha harris
7. Mother's Birthplace	emanuel co Md
8. Full Name of Father	robert Middleton
9 Father's Occupation	laborer
10. Father's Birthplace	Charles co Md
Name of Medical Attendant, or other Person who makes this Return.	mrs bar[illegible]
Address	no 32 that st
Remarks	healthy child

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth July 19th 1876

4. Place of Birth (Street and Number) 32 St Peters St

5. Full Name of Mother Mary E Bell

6. Mother's Maiden Name Rop

7. Mother's Birthplace Boston City

8. Full Name of Father William H Bell

9. Father's Occupation Can Maker

10. Father's Birthplace Cumberland Md

Name of Medical Attendant, or other Person who makes this Return. J H Lurney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12,718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 21 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	July 19 1876
4. Place of Birth (Street and Number)	93 Wheleer St
5. Full Name of Mother	Sarah Jane Keller
6. Mother's Maiden Name	" " Clark
7. Mother's Birthplace	Rye Newyork
8. Full Name of Father	James Keller
9. Father's Occupation	Car Inspector
10. Father's Birthplace	York Penna
Name of Medical Attendant, or other Person who makes this Return.	A. Tinsley M.D.
Address	454 N. Caroline St
Remarks	City

12719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White.
3. Date of Birth July the 19th 1876
4. Place of Birth (Street and Number) 42 Leadenhall Street
5. Full Name of Mother Mary Lonis
6. Mother's Maiden Name " " Strohlein
7. Mother's Birthplace Germany
8. Full Name of Father Theodor Lonis
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Chathrina Münch

Address 74 Leadenhall Street

Remarks

Extract Regulations of the Board of Health of the Mayor and Council of the Mayor of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) —

3. Date of Birth 19th July 1875

4. Place of Birth (Street and Number) 36 Cranberry St

5. Full Name of Mother Mary Weber

6. Mother's Maiden Name " Angel

7. Mother's Birthplace U. States of America

8. Full Name of Father Charles Weber

9. Father's Occupation Cigar-maker

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 32 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12721

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 22 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 19th 1876
4. Place of Birth (Street and Number)	406 E Madison st Balt Md
5. Full Name of Mother	Susan A Donohio
6. Mother's Maiden Name	Susan A Navy
7. Mother's Birthplace	Dorchester Co Md.
8. Full Name of Father	Wm I. Donohu
9. Father's Occupation	Sewing machine Agent.
10. Father's Birthplace	Somerset Co Md
Name of Medical Attendant, or other Person who makes this Return.	John A Conner
Address	286 E Ball st
Remarks - None.	

rect Record of Vital Statistics in the City of Baltimore.

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12722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 19th 1876
4. *Place of Birth (Street and Number)* 423 Gay St.
5. *Full Name of Mother* Ardena Hungard
6. *Mother's Maiden Name* " Barnes
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Hungard
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Isabella Olson

Address 419 N. Gay St.

Remarks Child lived 15 minutes after Birth

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9. Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 18 of Juli
4. Place of Birth (Street and Number) Belair Sauvne.
5. Full Name of Mother Elisabetha Wolf
6. Mother's Maiden Name Elisabetha Karl
7. Mother's Birthplace Raffelbach Landgericht Lamberg Bayern
8. Full Name of Father Andreas Wolf
9. Father's Occupation Taglöhner
10. Father's Birthplace gl. in Zollstadt Landgericht Lamberg Bayern

Name of Medical Attendant, or other Person who makes this Return. Walburga Müller

Address Stirling St. No 165.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12792 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Harry Tilden Gladding

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2nd

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* July 20th. 1876
4. *Place of Birth* (Street and Number) 177 Conway St
5. *Full Name of Mother* S. R. [redacted]ding
6. *Mother's Maiden Name* S. R. Meekins
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* W. W. Gladding
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. W. B. Griffith

Address 117 W. Madison & Corner Parker

Remarks GIVEN NAME ADDED 5-18-54 h.m.

U.96

12725

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 20. 1876
4. *Place of Birth (Street and Number)* South Wolfst. No 67
5. *Full Name of Mother* Karolina Jackob
6. *Mother's Maiden Name* Karolina Tillmer
7. *Mother's Birthplace* Markthausen Braunschweig
8. *Full Name of Father* Heinrich Jackob
9. *Father's Occupation* Tagenier
10. *Father's Birthplace* Wolfersroda Nassau

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Baupach

Address South Wolfst. No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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12726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 20th 1876
4. *Place of Birth (Street and Number)* S.W. Corner Madison Ave & Mosher's
5. *Full Name of Mother* Juliet Sewell Baldwin
6. *Mother's Maiden Name* Juliet Sewell
7. *Mother's Birthplace* Ann Arundel Co Md
8. *Full Name of Father* Summerfield Baldwin
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Ann Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. F L Chatard M.D.

Address N 114 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12727

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth July 20th 1876

4. Place of Birth (Street and Number) Penna Ave

5. Full Name of Mother Sally Straub

6. Mother's Maiden Name " Gumpman

7. Mother's Birthplace Baltimore Md

8. Full Name of Father August Straub

9. Father's Occupation Brewer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Meseweiche (Mrs)

Address 220 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12728

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 26 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 t.
1. Sex (state whether Male or Female)	Männlich.
2. Race or Color (if not of the white race)	weiß.
3. Date of Birth	d. 20. Juli 1876.
4. Place of Birth (Street and Number)	Baltimore Elliott St.
5. Full Name of Mother	Elisabeth Mierschel.
6. Mother's Maiden Name	Laubach.
7. Mother's Birthplace	Hessen = Darmstadt.
8. Full Name of Father	Heinrich Mierschel.
9. Father's Occupation	Fleischer.
10. Father's Birthplace	Hessen = Darmstadt.
Name of Medical Attendant, or other Person who makes this Return.	Anna Reinmen.
Address	Elliott St. 61.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
26
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	29th July 1876
4. Place of Birth (Street and Number)	258 Druid Hill Ave
5. Full Name of Mother	Maunie S Bandel
6. Mother's Maiden Name	Maunie S Bankard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jn L Bandel
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C B Gamble M D
Address	240 Baltimore
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12730

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth July 20th 1876
4. Place of Birth (Street and Number) No 21 Harrison St.
5. Full Name of Mother Johanne Elizabeth Steinmetz
6. Mother's Maiden Name " " Houke
7. Mother's Birthplace Frederick County Md
8. Full Name of Father Andrew Steinmetz
9. Father's Occupation Stone-mason
10. Father's Birthplace Germany Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Lanham Ship 3 Gabaut

No 40 J Day Street

rect Record of Vital Statistics in the City of Baltimore.

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...tatistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1917.31

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20th
4. Place of Birth (Street and Number)	110 Harford ave
5. Full Name of Mother	Eliza Cullen
6. Mother's Maiden Name	Kierin
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Cullen
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T. Christmer
Address	No 16 Harford ave
Remarks	

12732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	21 of Juli
4. Place of Birth (Street and Number)	Lisseleths Alley. No 26.
5. Full Name of Mother	Mary Ogyal
6. Mother's Maiden Name	Mary Bander
7. Mother's Birthplace	Ramstal in Germeney
8. Full Name of Father	Miyal Ogyal.
9. Father's Occupation	Labor.
10. Father's Birthplace	Ramstal
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St No 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12733

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 of July
4. Place of Birth (Street and Number)	Hamburg St N. 155.
5. Full Name of Mother	Sophie Siedling
6. Mother's Maiden Name	Sophie Bork
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henrie Siedling
9. Father's Occupation	Bay Master.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mc Sherlin
Address	West St N. 128
Remarks	

12734

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 22 ~~aug~~ 1876

HEALTH DEPARTMENT 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) ~~State~~ Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 20 ~~th~~ 1876.
4. Place of Birth (Street and Number) 243 Canton Ave.
5. Full Name of Mother Annie Heilmann.
6. Mother's Maiden Name Annie Bahlmanns.
7. Mother's Birthplace Germany.
8. Full Name of Father August Heilmann.
9. Father's Occupation Wood turner.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend.

Address No. 137 S. Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

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12735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

5

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	173 N. Carlein Stret
4. Place of Birth (Street and Number)	Juli 20 1876
5. Full Name of Mother	Kathriene Ketring
6. Mother's Maiden Name	L. Lautenschlager
7. Mother's Birthplace	Ballimor M. A.
8. Full Name of Father	Christian Ketring
9. Father's Occupation	Randi maker
10. Father's Birthplace	Ballimor
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 N. Bond stret
Remarks	

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

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12736

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 3rd

1. *Sex (state whether Male or Female)* Male but the
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* born on the 20th of July 1876
4. *Place of Birth (Street and Number)* No 6 Calverton Road
5. *Full Name of Mother* Karolina Kosloucwski
6. *Mother's Maiden Name* Karolina Klocus
7. *Mother's Birthplace* born in West Prussia Germany
8. *Full Name of Father* Ferdinand Kosloucwski
9. *Father's Occupation* Labour
10. *Father's Birthplace* born in West Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillas

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12737

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth July 20
4. Place of Birth (Street and Number) 9. Marion St. Baltimore
5. Full Name of Mother Lucy Brown
6. Mother's Maiden Name " Young
7. Mother's Birthplace Baltimore
8. Full Name of Father Addison Brown
9. Father's Occupation Laborer
10. Father's Birthplace Snow Hill

Name of Medical Attendant, or other Person who makes this Return. J. H. Scarff M.D.

Address N. E. Cor. Paca & Fayette Sts

Remarks Without any Complications

Duration of labor 3. hours. J.H.S.

rect Record of Vital Statistics in the City of Baltimore.

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12738

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 20th 1876

4. Place of Birth (Street and Number) No 110 Williams St

5. Full Name of Mother Sallie Jackson

6. Mother's Maiden Name Sallie Brierwood

7. Mother's Birthplace Maryland

8. Full Name of Father William Jackson

9. Father's Occupation Mechanic

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. H. B. Stobb M D

Address 19 Warren Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth 20 July

4. Place of Birth (Street and Number) St Peter St No 102

5. Full Name of Mother Caroline Benys

6. Mother's Maiden Name Mary Burn

7. Mother's Birthplace Germania Hanover

8. Full Name of Father Henry Benyes

9. Father's Occupation baker

10. Father's Birthplace brookhausen

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address 439 West Lexington

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12740

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~twen~~, 2d.

1. Sex (state whether Male or Female) Female ~~Twen~~ (Twin
2. Race or Color (if not of the white race) Color
3. Date of Birth July The 20th 1876
4. Place of Birth (Street and Number) 26 Holliday St.
5. Full Name of Mother Elizebeth Forman
6. Mother's Maiden Name " " Sabington
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Forman
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amilia Johnson

Address No. 6 Hammilton St.

Remarks this Sized only about 10 hours & died of Asthenia

Extract Regulations of the Board of Health of the Mother's Birthplace

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 3 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 20th 1876
4. *Place of Birth (Street and Number)* 162 Madaria alley.
5. *Full Name of Mother* Susanna Fehr
6. *Mother's Maiden Name* Dryer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wilhelm Fehr
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address No 120 Bank st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12742

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20. 76.
4. Place of Birth (Street and Number)	115 Edmondson Av E
5. Full Name of Mother	Josephine Fletcher Foster
6. Mother's Maiden Name	Wilkinson
7. Mother's Birthplace	Richmond Va
8. Full Name of Father	Robert E. Foster
9. Father's Occupation	Cigar & Tobacco Merch.
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Lewis M. Eastman
Address	349 Lexington
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar after within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and re[illegible] of the parents, and the maiden name of the mother of such child or children.

12743

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20th 76
4. Place of Birth (Street and Number)	30 Wilcox st
5. Full Name of Mother	Annie M. Elvin
6. Mother's Maiden Name	Hawkins
7. Mother's Birthplace	Ireland
8. Full Name of Father	Bernard M. Elvin
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D.
Address	106 E. Eager st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12741

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 77

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 21st 1876.
4. Place of Birth (Street and Number) Hull Str. Locust Point.
5. Full Name of Mother Alberthine Hoot.
6. Mother's Maiden Name Alberthine Shroeder
7. Mother's Birthplace Germany
8. Full Name of Father Ferdinand W. Hoot.
9. Father's Occupation Weighmaster.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Margret E[illegible]

Address No 13 Cubin Street Locust Point

Remarks Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12715

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 3 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Of the Colord Race
3. Date of Birth	21 of July
4. Place of Birth (Street and Number)	No 320 Hamburg Street
5. Full Name of Mother	Maggie Williams
6. Mother's Maiden Name	
7. Mother's Birthplace	Accomack County VA
8. Full Name of Father	Isidra Edwards
9. Father's Occupation	Coachmond
10. Father's Birthplace	Nuban North Carolina
Name of Medical Attendant, or other Person who makes this Return.	Luby A Spence
Address	No 329 Hamburg Street
Remarks	

RETURN OF A BIRTH.

12746

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 24 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 21st of July 1876
4. *Place of Birth* (Street and Number) No 201 Frederick Av.
5. *Full Name of Mother* Kate Housmann
6. *Mother's Maiden Name* Kate Weisig
7. *Mother's Birthplace* born in Bavaria Germany
8. *Full Name of Father* Conrad Housmann
9. *Father's Occupation* Backer
10. *Father's Birthplace* born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillas

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12747

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 21st 76.

4. Place of Birth (Street and Number) 252 Hamburg St.

5. Full Name of Mother Dora Weber

6. Mother's Maiden Name " Muslet

7. Mother's Birthplace Balto

8. Full Name of Father Ferdinand Weber

9. Father's Occupation Box Maker

10. Father's Birthplace Hessen Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

12/1/15

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 3

1. *Sex* (*state whether Male or Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth*
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother* S. E. Bunt
6. *Mother's Maiden Name* Hurst
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* T. S. Bunt
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

12749

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 of July 1876
4. *Place of Birth (Street and Number)* 602 Ringgold st.
5. *Full Name of Mother* C. Sanders
6. *Mother's Maiden Name* C. Snyder
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* W. Sanders
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. May Walsh

Address 123 N. Caroline st.

Remarks

Extract Regulations of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12750

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 21st 1876
4. Place of Birth (Street and Number) No 3 Valley St
5. Full Name of Mother Margaret McMahon
6. Mother's Maiden Name " Carter
7. Mother's Birthplace Talbot Co Md
8. Full Name of Father Jas McMahon
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Chrismer

Address 16 Harford Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12751

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	July 21st 1876
4. *Place of Birth* (Street and Number)	213 Louisanna Ave.
5. *Full Name of Mother*	Anna Medtart
6. *Mother's Maiden Name*	Anna Hanson
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Frank Medtart
9. *Father's Occupation*	Paper Dealer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Winneberger
Address	23 N. Liberty St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

12759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 21st 1876
4. Place of Birth (Street and Number) 416 Saratoga St.
5. Full Name of Mother Jane Agnes Dignan
6. Mother's Maiden Name Jane Agnes McGowan
7. Mother's Birthplace Baltimore
8. Full Name of Father James F. Dignan
9. Father's Occupation Hackman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12753

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

Name: Ida Florence Proctor

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21st 1876
4. Place of Birth (Street and Number)	No 18 East Biddle st
5. Full Name of Mother	Susanna Proctor
6. Mother's Maiden Name	" Atchison
7. Mother's Birthplace	Md
8. Full Name of Father	Robert H Proctor
9. Father's Occupation	Plasterer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	S Ridgway M.D.
Address	No 121 E Biddle st
Remarks	

12754

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 21st 1876
4. Place of Birth (Street and Number) # 435 Eastern Avenue
5. Full Name of Mother Ellen Rebecca McKay
6. Mother's Maiden Name Ellen Rebecca Murphy
7. Mother's Birthplace West India Islands
8. Full Name of Father John McKay
9. Father's Occupation Heater in Iron Works
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address # 435 Alice Anna St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12755

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 27 1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 July 1876
4. Place of Birth (Street and Number)	254 N. Eden st
5. Full Name of Mother	Kathrine Lange
6. Mother's Maiden Name	Landing
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jakob Lange
9. Father's Occupation	Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 N. Bond St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12756

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876. BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 21 st.
4. Place of Birth (Street and Number) 129 Gough st.
5. Full Name of Mother Francis Jane Forrest
6. Mother's Maiden Name " " Coleman
7. Mother's Birthplace Balto. City
8. Full Name of Father Elias Cole Forrest
9. Father's Occupation Sash Maker
10. Father's Birthplace Mathews Co. Va.

Name of Medical Attendant, or other Person who makes this Return. E. P. Irons M.D.

Address 406 E. Balto. St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth July 24 1876.
4. Place of Birth (Street and Number) 35 S. Gilmore St
5. Full Name of Mother Mary E. Chaney
6. Mother's Maiden Name Mary E. Boiard
7. Mother's Birthplace Balm County
8. Full Name of Father Charles B. Chaney
9. Father's Occupation Merchant
10. Father's Birthplace Balm City

Name of Medical Attendant, or other Person who makes this Return. John I. R. Frozer M.D.

Address City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) ~~21 July~~
3. Date of Birth 21 July
4. Place of Birth (Street and Number) 35 Eastern Av
5. Full Name of Mother Margeratha Kraus
6. Mother's Maiden Name " Himmler
7. Mother's Birthplace Germany
8. Full Name of Father John Himmler
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraut Miller

Address 151 E. Pratt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 21st 1876
4. Place of Birth (Street and Number)	153 Columbia St
5. Full Name of Mother	Lily Radack
6. Mother's Maiden Name	L. Sauerborn
7. Mother's Birthplace	New York
8. Full Name of Father	C. Radack
9. Father's Occupation	Tailor
10. Father's Birthplace	Prussian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12760

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Blk
3. Date of Birth July 21, 76.
4. Place of Birth (Street and Number) 209 Chesnut st
5. Full Name of Mother Ella Hall
6. Mother's Maiden Name Smith
7. Mother's Birthplace Frederick Co, Md
8. Full Name of Father Wm Hall
9. Father's Occupation Barber
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Louis M. Eastman

Address 34 G Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12761

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 4 1916
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd N

1. *Sex* (state whether ~~Male or~~ Female)

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 22nd July

4. *Place of Birth* (Street and Number) 528 Pa. Avenue.

5. *Full Name of Mother* Mary Catherine Shirley

6. *Mother's Maiden Name* " " Wiggins.

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Shirley

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. John Dickson M.D.

Address 261 Madison Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children"

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12762

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth July 22

4. Place of Birth (Street and Number) Washington Avenue No 46

5. Full Name of Mother Rachel Smith

6. Mother's Maiden Name Rachel Hines

7. Mother's Birthplace Baltimore

8. Full Name of Father August Smith

9. Father's Occupation Brickmaker

10. Father's Birthplace Hardford County

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 Mahenery St

Remarks

12763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2nd

1. Sex (state whether Male or Female) Male healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 22nd of July 1876
4. Place of Birth (Street and Number) No 102 Frederich Av.
5. Full Name of Mother ~~Coonrad Hittle~~ Mary Hittle
6. Mother's Maiden Name Mary Fleiy
7. Mother's Birthplace born in the City of Balto.
8. Full Name of Father Coonrad Hittle
9. Father's Occupation Blacksmith
10. Father's Birthplace born in the City of Balto.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12761

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

ex (state whether Male or Female) Female

Race or Color (if not of the white race) White

Date of Birth 1/4 to 2 o'clock July 22 1876

Place of Birth (Street and Number) West St No 175

Full Name of Mother Jane Neild

Mother's Maiden Name Anett

Mother's Birthplace Cambridge Dorchester Co. Md.

Full Name of Father Wm H Neild

Father's Occupation Carpenter

Father's Birthplace Cambridge Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Carolin Fisher Ward Nurse

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12765

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Females
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 22nd 1876
4. Place of Birth (Street and Number)	1 Canton St. 54
5. Full Name of Mother	Alice Sachse
6. Mother's Maiden Name	Leingenfelder
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Adam August Sachse
9. Father's Occupation	Barber
10. Father's Birthplace	Melsungen. Hesse Germany
Name of Medical Attendant, or other Person who makes this Return.	O. E. Stein. M.D.
Address	195 N. Eden St.
Remarks	

12766

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 children

1. Sex (state whether Male or Female) last a boy

2. Race or Color (if not of the white race) White

3. Date of Birth born the 22 of July 1876

4. Place of Birth (Street and Number) 45 South Wolfe st

5. Full Name of Mother Kate Goebel

6. Mother's Maiden Name Kate Appel

7. Mother's Birthplace Germany

8. Full Name of Father Nick Appel

9. Father's Occupation T Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chappel st. pr John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health of the Mayor and Aldermen of the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d &c)	Sixth
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	July 22 1876
4. *Place of Birth* (Street and Number)	938 Sterling St.
5. *Full Name of Mother*	Margaret Innis
6. *Mother's Maiden Name*	" Mills
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	George Innis
9. *Father's Occupation*	Drayman
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Ursula E Chrisman
Address	~~938 Sterling St~~
Remarks	16 Harford Ave

rect Record of Vital Statistics in the City of Baltimore.

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12765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 22nd 1876
4. Place of Birth (Street and Number)	18 Greenmount Ave
5. Full Name of Mother	Margaret Ann Stickler
6. Mother's Maiden Name	" " Stickler
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Frederick Stickler
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Charles H. Thomas M.D.
Address	85. E. Baltimore Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

ALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 22nd 1876
4. Place of Birth (Street and Number) No 20 Sommersett St
5. Full Name of Mother Elizabeth Keyes
6. Mother's Maiden Name " Owens
7. Mother's Birthplace Ireland
8. Full Name of Father Wm H. Keys
9. Father's Occupation Silver Slater
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Allwell

Address 286 McDonogh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 25 1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 22 july 1876
4. *Place of Birth (Street and Number)* 115 castle st
5. *Full Name of Mother* mary curry
6. *Mother's Maiden Name* mary cunazer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John curry
9. *Father's Occupation* house carpenter
10. *Father's Birthplace* city of new york

Name of Medical Attendant, or other Person who makes this Return. mary curner 153 chestanut st

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 22th 1876
4. Place of Birth (Street and Number)	82 Henrietta Street
5. Full Name of Mother	Louise Dörr
6. Mother's Maiden Name	Louise Latrand
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Dörr
9. Father's Occupation	Machinist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No 97

12772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Jul 22d 1876
4. Place of Birth (Street and Number) Hutzenstr No 181
5. Full Name of Mother Josephine Schauf
6. Mother's Maiden Name Josephine Hupke
7. Mother's Birthplace H Rudig Boemen
8. Full Name of Father Johann Schauf
9. Father's Occupation Bracker
10. Father's Birthplace Hessighein Böhmen

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Wolfstr No 28

Remarks Midwife

12773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The fifth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 22th 1876
4. Place of Birth (Street and Number)	No. 36 Henriette St.
5. Full Name of Mother	Catharine ~~Fox~~ Rippmann
6. Mother's Maiden Name	Catharine Toepfer
7. Mother's Birthplace	Lembach, Kurfürstenthum Hessen (now Prussia)
8. Full Name of Father	John Charles Rippmann
9. Father's Occupation	Barkeeper at Concordia S. Eutaw St.
10. Father's Birthplace	Bietigheim, Kingdom of Würtemberg
Name of Medical Attendant, or other Person who makes this Return.	Mrs ~~Krentz~~, midwife
Address	Mrs. M. Streng.
Remarks	No. 32. Liadenhal Street.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12774

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Saturday July 22
4. Place of Birth (Street and Number) No 94 north Exeter Street
5. Full Name of Mother Ella W Carson
6. Mother's Maiden Name Ella Douglas
7. Mother's Birthplace Stonington connecticut
8. Full Name of Father Daniel Carson
9. Father's Occupation Clerk
10. Father's Birthplace Williamington Delaware

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Carlene Kay Jabonia

No 40 J Forrest

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 28 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 22nd 4 30 P. M. 1876

4. Place of Birth (Street and Number) 52 Eagle St.

5. Full Name of Mother Rose Catharine Oster

6. Mother's Maiden Name Rose Catharine Leipple

7. Mother's Birthplace Balt City

8. Full Name of Father Henr Boyd Oster

9. Father's Occupation Grocer

10. Father's Birthplace Balto, City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter; stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,776

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 22 n
4. Place of Birth (Street and Number)	No 22 Aisquith St
5. Full Name of Mother	Lizzie Mcginnes
6. Mother's Maiden Name	" Dorsfield
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Mcginnes
9. Father's Occupation	Labor
10. Father's Birthplace	Newcastle County
Name of Medical Attendant, or other Person who makes this Return.	Regina Eldridge
Address	No 289 S. Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 24th 1876.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 23rd 1876.
4. *Place of Birth (Street and Number)* 236 Ann St.
5. *Full Name of Mother* Mary Bean.
6. *Mother's Maiden Name* Mary Hohlbus.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Louis Bean
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arend.

Address No 137 S Wolfe St.

Remarks —

Correct Record of Vital Statistics in the City of Baltimore.

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12778

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Black

3. Date of Birth July 23.

4. Place of Birth (Street and Number) Welch St. No 6 Baltimore

5. Full Name of Mother Alice Ann Stevens

6. Mother's Maiden Name " " "

7. Mother's Birthplace Eastern Shore

8. Full Name of Father George Billingslea

9. Father's Occupation Laborer

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. J. H. Scarff M.D.

Address N. E. Cor. Paca & Fayette Sts

Remarks

Non Est.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd & 4th
1. Sex (state whether Male or Female)	Male, Female
2. Race or Color (if not of the white race)	Negroes
3. Date of Birth	2nd July 1879
4. Place of Birth (Street and Number)	Hanover St No 29 Balto
5. Full Name of Mother	Sarah Ann Stone
6. Mother's Maiden Name	Sarah Ann Riley
7. Mother's Birthplace	Balto City
8. Full Name of Father	William Stone
9. Father's Occupation	Boilermaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. L. Easley
Address	115 Kennedy St.
Remarks	All doing well

12780

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
4
1876
BALTIMORE

shall

of Child of Mother (state whether 1st, 2d, 3d, &c.) A July 23th 18.76

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) African race

Date of Birth July 29 18.76

Place of Birth (Street and Number) No 4 brannon court bet lightand Charles

Full Name of Mother Elizabeth Alton

Mother's Maiden Name Elizabeth Green

Mother's Birthplace Calvert County Md

Full Name of Father Edward Alton

Father's Occupation hod Carrier

Father's Birthplace Calvert County Md

Name of Medical Attendant, or other Person who makes this Return. Jane Grass

Address 161 hughes st bet hanover and sharp st.

Remarks

Dr Sharp St cemetery

undertaker J F Davis 103 lee st

12781

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1th
1. Sex (~~state whether~~ Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 23d /76.
4. Place of Birth (Street and Number)	Bark No. 69
5. Full Name of Mother	Johanna Gieser
6. Mother's Maiden Name	Meier
7. Mother's Birthplace	Germ-
8. Full Name of Father	Henry Gieser
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anna st

rect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a prompt and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	
1. Sex (~~state whether Male or~~ *Female*)	
2. Race or Color (~~if not of the~~ *white race*)	
3. Date of Birth	July 23d 1876
4. Place of Birth (Street and Number)	No 35 N Bond Balto Md
5. Full Name of Mother	Elizabeth Virginia Stephenson
6. Mother's Maiden Name	" " Burgos
7. Mother's Birthplace	Balto City Md
8. Full Name of Father	Louis Paston Burgos
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Cuba West Indies
Name of Medical Attendant, or other Person who makes this Return.	J Ridgway Owens M.D.
Address	No 129 E Balto St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12783

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
26
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 23rd 1876
4. Place of Birth (Street and Number)	1546 Penna. Ave.
5. Full Name of Mother	Eliza A. Turner
6. Mother's Maiden Name	Gribb
7. Mother's Birthplace	Balto Co
8. Full Name of Father	Jno. T. Turner
9 Father's Occupation	Sewing Machine Agt
10. Father's Birthplace	Balto Co Md
Name of Medical Attendant, or other Person who makes this Return.	J. W. Christian M.D.
Address	731 Penna Ave
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12781

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 Juli
4. Place of Birth (Street and Number)	32 Thern Strit
5. Full Name of Mother	Anna Welzel
6. Mother's Maiden Name	Kram
7. Mother's Birthplace	Breslau
8. Full Name of Father	Hainrich Kram
9. Father's Occupation	
10. Father's Birthplace	Görliz
Name of Medical Attendant, or other Person who makes this Return.	Maria Güttner
Address	Wolf Strit No 245
Remarks	

12785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

VII

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 23d 1876
4. Place of Birth (Street and Number)	180 Hamburg Street
5. Full Name of Mother	Anna Rock
6. Mother's Maiden Name	" " Dennisch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Rock
9. Father's Occupation	Shoemacker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münzch
Address	74 Leadenhall Street
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

U48

12786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Juli 23. 1876
4. *Place of Birth (Street and Number)* Ost Schappelstr No 2
5. *Full Name of Mother* Josephine Langer
6. *Mother's Maiden Name* Josephine Grofs
7. *Mother's Birthplace* Nassau Kurfassen
8. *Full Name of Father* Franz Langer
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Ober Schwartzach Baden

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Wolfstr No 28

Remarks Undwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12787

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 23
4. Place of Birth (Street and Number)	193 Vine St
5. Full Name of Mother	Maggie Burke
6. Mother's Maiden Name	Maggie Hines
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael Burke
9. Father's Occupation	Moulder
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A H Saxton M.D.
Address	343 Lexington St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 23d 1876

4. Place of Birth (Street and Number) Chapel Ct. 4th P.

5. Full Name of Mother Ann M. Griesner

6. Mother's Maiden Name Ann M. Hockman

7. Mother's Birthplace Germany

8. Full Name of Father Martin Griesner

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms

Address No 178 Chapel Ct. 4th P.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12789

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 des Child

1. *Sex* (state whether ~~Male or Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 29th 1876.
4. *Place of Birth* (Street and Number) Hampstead St. No 26.
5. *Full Name of Mother* Sarah Elschwang
6. *Mother's Maiden Name* Sarah Mair
7. *Mother's Birthplace* Koenigsberg. N. Preussen Germany
8. *Full Name of Father* Israel Elschwang
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Memel N. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Harry E. Miller

Address N. Gallas St. No 26.

Remarks

12790

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 23rd 1876
4. Place of Birth (Street and Number)	76 St. Paul St Balto. Md
5. Full Name of Mother	Annie Arthur Bates
6. Mother's Maiden Name	Annie Arthur
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	Charles Jarvis Bates
9. Father's Occupation	Civil Engineer
10. Father's Birthplace	Cincinnati Ohio
Name of Medical Attendant, or other Person who makes this Return.	F. T. Miles. M.D.
Address	14. Cathedral St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 25 '16
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 26th 1876
4. Place of Birth (Street and Number)	230 Mulberry St
5. Full Name of Mother	Francis E Rockafeller
6. Mother's Maiden Name	Francis E Fritter
7. Mother's Birthplace	Virginia
8. Full Name of Father	Charles W. Rockafeller.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Dr Chas A Pennington Md
Address	98 N Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar-aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, m… who shall attend, assist o… advise at the birth of any child, within … port to the registrar aforesaid, within six days thereafter, stating distinctly the… the date of birth, sex, and color of the child or childre… born, its or their physical condition, whether st… still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mo… mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 23rd 1876
4. Place of Birth (Street and Number)	No 142 William St.
5. Full Name of Mother	Emma A. Lecompte
6. Mother's Maiden Name	Hoofnagle
7. Mother's Birthplace	Maryland
8. Full Name of Father	Geo. F. Lecompte
9. Father's Occupation	Marine
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	M. W. Co. Hanover & Barre Sts
Remarks	

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

12792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 4th: child,

(state whether Male or Female) Male.

e or Color (if not of the white race) Colored.

: of Birth 23 July. 1876.

e of Birth (Street and Number) 105 Hill St. Balto, Md.

Name of Mother Sarah Anthony,

ther's Maiden Name Sarah Morris,

Mother's Birthplace Accomac-County, Virginia,

Full Name of Father Napoleon Anthony,

Father's Occupation Brick Maker.

Father's Birthplace Accomac-County, Virginia,

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lucy Sydney

Address 45 Peach Alley, Balto, Md,

Remarks

dwife, or other person in charge
e City of Baltimore, shall ...

12791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	23rd July
4. Place of Birth (Street and Number)	11 Mulberry st
5. Full Name of Mother	Susan Foster
6. Mother's Maiden Name	Susan Foster
7. Mother's Birthplace	Cambridge Md
8. Full Name of Father	Wm Lee
9. Father's Occupation	Laborer
10. Father's Birthplace	Cambridge Md
Name of Medical Attendant, or other Person who makes this Return.	Sallie Lyle
Address	247 Orleans st
Remarks	

rect Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12795

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 28th 1870
4. Place of Birth (Street and Number)	Baltimore Cross st 444 No.
5. Full Name of Mother	Sophia Brown
6. Mother's Maiden Name	" Moyer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Brown
9. Father's Occupation	Bar keeper
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Mitchell
Address	No. 103 Appleton
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Shild

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth 23 Jecle

4. Place of Birth (Street and Number) Central Avenue No 283 –

5. Full Name of Mother Elisabetha Fehrer

6. Mother's Maiden Name Elisabetha Schumann

7. Mother's Birthplace Friedenwald Reevens Keerhessen

8. Full Name of Father Stephern Fehrer

9. Father's Occupation Arbeiten einen Knaben

10. Father's Birthplace ist aus Aus Königreich Bayern

Name of Medical Attendant, or other Person who makes this Return. Wirthschafter Müller

Address Stirling St No 165

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12797

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 22 of Juli
4. Place of Birth (Street and Number) Eyerstreet No 263.
5. Full Name of Mother Barbara Schulze
6. Mother's Maiden Name Barbara Lorgmann
7. Mother's Birthplace aus Steullerndorf
8. Full Name of Father Michl Schulze
9. Father's Occupation Uringlopfer
10. Father's Birthplace geb. Steullerd in Lodzern

Name of Medical Attendant, or other Person who makes this Return. Stirling St. No 165 Walburga Müller

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 24th 1876

4. Place of Birth (Street and Number) Baltimore 359 N. Bond St

5. Full Name of Mother Mary E. Coyle

6. Mother's Maiden Name Mary E. McElroy

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Coyle

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Bedford

Address 160 North Eden St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12,799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
3
1876
BALTIMORE

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th 1876
4. Place of Birth (Street and Number)	279 E. Lombard St.
5. Full Name of Mother	Rebecca Bynum
6. Mother's Maiden Name	Rebecca Harris
7. Mother's Birthplace	Balto.
8. Full Name of Father	Thos. Bynum
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	117 S. Broadway
Remarks	

Extract from Ordinances of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th
4. Place of Birth (Street and Number)	99 Patterson Avenue
5. Full Name of Mother	Margaret A. Heard
6. Mother's Maiden Name	Margt. A. Murray
7. Mother's Birthplace	Balto City
8. Full Name of Father	Wm F Heard
9. Father's Occupation	Clerk
10. Father's Birthplace	Q. Many Co -
Name of Medical Attendant, or other Person who makes this Return.	Dr C Benzinger
Address	
Remarks	319 Lamade St

— rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12801
12802

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. BALTIMORE AUG 1 1975

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) 2 females twins

2. Race or Color (if not of the white race)

3. Date of Birth July 24

4. Place of Birth (Street and Number) Ryen St 22

5. Full Name of Mother Rosey Murphy

6. Mother's Maiden Name Rosey Ruden

7. Mother's Birthplace Ireland

8. Full Name of Father Mathew Murphy

9. Father's Occupation Labourer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 196 Mchenery St

Remarks Mother and 2 children doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~12803~~
12803
12803

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	413 E Eager St
4. Place of Birth (Street and Number)	July 24th 1876
5. Full Name of Mother	Sally E Bateman
6. Mother's Maiden Name	" " Bartol
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Howard Allen Bateman
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	286 Mc Donogh st
Remarks	

12804

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 24 July 18[illegible]
4. Place of Birth (Street and Number) 58 S. Phillips St
5. Full Name of Mother Nitty Elkerson
6. Mother's Maiden Name Nitty Bennet
7. Mother's Birthplace Snow hill . . M. D.
8. Full Name of Father Dannie Elkerson
9. Father's Occupation Laborer
10. Father's Birthplace St. Mikles

Name of Medical Attendant, or other Person who makes this Return. Carl Weather

Address

Remarks

Fees Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12805

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) M

2. Race or Color (if not of the white race)

3. Date of Birth July 24th 1876

4. Place of Birth (Street and Number) 21 N Wolfe St

5. Full Name of Mother Mary M. Nee

6. Mother's Maiden Name Mary M Pultz

7. Mother's Birthplace Balto Md

8. Full Name of Father Jas C. Nee

9. Father's Occupation Book Keeper

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Chas M. Mohr MD

Address 84 East Balto St

Remarks Lingering Labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24/76.
4. Place of Birth (Street and Number)	Chesapeake st. Nr 94.
5. Full Name of Mother	Elizabeth Hoffmann
6. Mother's Maiden Name	Hesse
7. Mother's Birthplace	Hannover Germ.
8. Full Name of Father	Johann Hoffmann
9. Father's Occupation	Laborer
10. Father's Birthplace	Bayern Germ.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuttle
Address	Midwife
Remarks	320 Allice Anna st

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12807

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th 76.
4. Place of Birth (Street and Number)	Broadway No. 40
5. Full Name of Mother	Elizabeth Schmith
6. Mother's Maiden Name	Dietz
7. Mother's Birthplace	Billet hausen Germany
8. Full Name of Father	Henry Schmith
9. Father's Occupation	Carpenter
10. Father's Birthplace	Saber. Germany
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Midwife
Remarks	320 Alice Anna st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th /76
4. Place of Birth (Street and Number)	Shakespear st No 20
5. Full Name of Mother	Kate Singer
6. Mother's Maiden Name	" Gunter
7. Mother's Birthplace	Germany
8. Full Name of Father	Martin Singer
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 allice Anna st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth July 24th 1876.
4. Place of Birth (Street and Number) Gough, St. & Duncan Al.
5. Full Name of Mother Susan E. Moore.
6. Mother's Maiden Name " " Waldo
7. Mother's Birthplace Balt. Md.
8. Full Name of Father Dr. Wm H. Moore.
9. Father's Occupation Veterinary Surgeon
10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rush, M. D.

Address Balt. & Wash. Sts

Remarks Natural

rect Record of Vital Statistics in the City of Baltimore.

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MISSING

#12810

12,811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child.
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 24th 1876
4. *Place of Birth* (Street and Number)	133 S. Eutaw St.
5. *Full Name of Mother*	Mary Mc. Namara.
6. *Mother's Maiden Name*	Mary Murphy
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	Mich.l Mc. Namara.
9. *Father's Occupation*	Tea Dealer.
10. *Father's Birthplace*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Jn.o F. Powell M.D.
Address	72 E. Pratt St.
Remarks	Child Healthy & Vigorous.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No 97

12812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	10 te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jule 24; 1876
4. Place of Birth (Street and Number)	Ostern Avenue 428
5. Full Name of Mother	Kunigunde Kuhn
6. Mother's Maiden Name	Kunigunde Eberlein
7. Mother's Birthplace	Laub. Beiern
8. Full Name of Father	Georg Kuhn
9. Father's Occupation	Kolvel arbeiter
10. Father's Birthplace	Salzbach Beiern
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Johanna Raupach
Address	South Wolf str No 28
Remarks	Midwife

12813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 24 July
4. Place of Birth (Street and Number) 259 Bond Street
5. Full Name of Mother Johanna Steenbach
6. Mother's Maiden Name Janson
7. Mother's Birthplace Germany
8. Full Name of Father Gottlieb Steenbach
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
e at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
n six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
its or their physical condition, whether still born or not, the full name, nativity, and residence
e parents, and the maiden name of the mother of such child or children.

12811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th 1876
4. Place of Birth (Street and Number)	No 76 West St.
5. Full Name of Mother	Martha L. Hart
6. Mother's Maiden Name	Marshall
7. Mother's Birthplace	Maryland
8. Full Name of Father	Arthur J. Hart
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. G. Lee
Address	N. W. cor Hanover & Barre
Remarks	

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12815

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first

1. Sex (state whether Male or Female) Colord
2. Race or Color (if not of the white race) July 24
3. Date of Birth
4. Place of Birth (Street and Number) 01 parry St
5. Full Name of Mother Smeley lone
6. Mother's Maiden Name i due not know the father name
7. Mother's Birthplace Court County MD
8. Full Name of Father i due not know the father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. mrs rabhil dorm

Address no 104 henratta St Bteen Sharp and lettinghate St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12816

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex* (state whether Male or Female) White female

2. *Race or Color* (if not of the white race) of the White Race

3. *Date of Birth,* July the 24-18-76

4. *Place of Birth* (Street and Number) Bradford St No 15

5. *Full Name of Mother* Mary E Barenger

6. *Mother's Maiden Name* Mary E Rollinson

7. *Mother's Birthplace* Kent Early Md

8. *Full Name of Father* James L Barenger

9. *Father's Occupation* Tinner

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Register St 130

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12817

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
28
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	24 July
4. Place of Birth (Street and Number)	56 S. Bethel St.
5. Full Name of Mother	Elisabetha Rayley
6. Mother's Maiden Name	" Mohr
7. Mother's Birthplace	Germany
8. Full Name of Father	John Rayley
9. Father's Occupation	House Carpenter
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Gerhart Miller
Address	151 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	4th C.
1. *Sex* (*state whether Male or Female*)	Male
2. *Race or Color* (*if not of the white race*)	White
3. *Date of Birth*	July 27th 1876.
4. *Place of Birth* (*Street and Number*)	274 East Madderson st.
5. *Full Name of Mother*	Annie M. or E. Heyde
6. *Mother's Maiden Name*	Annie M. or E. Dowell
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	John M. or D. Dowell
9. *Father's Occupation*	Coach Painter
10. *Father's Birthplace*	Dover Delaware
Name of Medical Attendant, or other Person who makes this Return.	Mary Waller
Address	125 N. Caroline st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 17 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th
4. Place of Birth (Street and Number)	180 Hanover Ave
5. Full Name of Mother	Eliza Hoddinott
6. Mother's Maiden Name	Burton
7. Mother's Birthplace	Balto Co. Md
8. Full Name of Father	John Hoddinott
9. Father's Occupation	Carriage Builder
10. Father's Birthplace	Balto Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D.
Address	166 E. Eager St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12820

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White race

3. Date of Birth July 24th 1876

4. Place of Birth (Street and Number) Hillen St No 89

5. Full Name of Mother Ellen Mead

6. Mother's Maiden Name Ellen Cleary

7. Mother's Birthplace Balto Md

8. Full Name of Father Joseph Mead

9. Father's Occupation Dwever

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Kellig

Address 48 Holland St Balto

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12821

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth July 24th 1876
4. Place of Birth (Street and Number) 234 E. Fayette
5. Full Name of Mother Sarah Clara Leonard
6. Mother's Maiden Name " " Corry
7. Mother's Birthplace Charles County Maryland
8. Full Name of Father John Leonard
9. Father's Occupation Porter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch MD

Address 27 N. Broadway.

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

Extract Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12892

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Live
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	25 July 1876
4. Place of Birth (Street and Number)	No 41 Essex street
5. Full Name of Mother	Katharine Weber
6. Mother's Maiden Name	Katharina Klausing
7. Mother's Birthplace	Hannover Kingdom of
8. Full Name of Father	Joseph Weber
9. Father's Occupation	Workman
10. Father's Birthplace	Wurtemberg Kingdom of
Name of Medical Attendant, or other Person who makes this Return.	Giles Wing
Address	No 12 Peterson Park avenue
Remarks	

12823

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 26 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 25th 1876
4. Place of Birth (Street and Number)	39 Woodyear St
5. Full Name of Mother	Annie L. Hughes
6. Mother's Maiden Name	Wheeler
7. Mother's Birthplace	Boston Mass.
8. Full Name of Father	Thos. Hughes
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	H Christian M.D.
Address	431 Penna. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12824

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3 child male

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Colord

3. Date of Birth July 25 1876

4. Place of Birth (Street and Number) St. Caroline St 107

5. Full Name of Mother Caroline Robinson

6. Mother's Maiden Name Caroline Gibbs

7. Mother's Birthplace Baltimore M D.

8. Full Name of Father Charles Robinson

9. Father's Occupation laborous grain Measure

10. Father's Birthplace Acmol Vio

Name of Medical Attendant, or other Person who makes this Return. Mar ~~Sath~~ Walker

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12825

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh (7)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 25th 1876
4. Place of Birth (Street and Number) No 64 St Peter St
5. Full Name of Mother Margaret A Vansant
6. Mother's Maiden Name " " Schuley
7. Mother's Birthplace Haverdgrafe Md
8. Full Name of Father Geo. W. Vansant
9. Father's Occupation Labourer at Planing mill
10. Father's Birthplace City of Balto

Name of Medical Attendant, or other Person who makes this Return. Ino D. Blake

Address No 136 Scott St

Remarks This child was born first of Twins the still born Coming last — I.D.B.

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 25th
4. Place of Birth (Street and Number) 77 W. Bethel st
5. Full Name of Mother Annie Ferguson.
6. Mother's Maiden Name Annie Rogers
7. Mother's Birthplace Balt Md.
8. Full Name of Father David Ferguson.
9. Father's Occupation Laborer.
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Sarah Lyle.
247 Orleans st

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth July 28th 1876

4. Place of Birth (Street and Number) 1916 S Paca St

5. Full Name of Mother Annie C. Hellman

6. Mother's Maiden Name Wallace

7. Mother's Birthplace Balto city

8. Full Name of Father A. T. Hellman

9. Father's Occupation Hatter

10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible] S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 25th 1876
4. Place of Birth (Street and Number) 117 Jackson Sq. Ave.
5. Full Name of Mother Sarah Jane Gauster
6. Mother's Maiden Name " " Bullard
7. Mother's Birthplace Wheeling Va.
8. Full Name of Father Nicholas C. Gauster
9. Father's Occupation Tailor, merchant,
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. G. G. Rush Jr. D.

Address Balt. & Wash. sts.

Remarks Natural

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 children

1. Sex (state whether Male or Female) last a girl
2. Race or Color (if not of the white race) White
3. Date of Birth born the 25 of July 1876
4. Place of Birth (Street and Number) 4 North Fayette court court
5. Full Name of Mother Kirdi Domling
6. Mother's Maiden Name Kirdi Doderweih
7. Mother's Birthplace Germany
8. Full Name of Father Kuhn Doderweih
9. Father's Occupation Kuber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North chappel st for John Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12830

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 25 July
4. Place of Birth (Street and Number) 127 Spring Street
5. Full Name of Mother Emma Palmer
6. Mother's Maiden Name Gier
7. Mother's Birthplace Germany
8. Full Name of Father Charles Palmer
9. Father's Occupation Barbar
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 Child,

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White race,
3. *Date of Birth* the 25 of July 1876,
4. *Place of Birth* (Street and Number) No 3 Bilde Alley,
5. *Full Name of Mother* Mary Annia Greyner,
6. *Mother's Maiden Name* Mary Annia Anders,
7. *Mother's Birthplace* in Geranery,
8. *Full Name of Father* Stickana Greyner,
9. *Father's Occupation* a Shoe maker,
10. *Father's Birthplace* in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger,

Address No 14 Minor st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

12832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 25th 76.
4. Place of Birth (Street and Number)	343 Hoffman st.
5. Full Name of Mother	Jane Curry
6. Mother's Maiden Name	Jane Leonard
7. Mother's Birthplace	England
8. Full Name of Father	Arthur Curry
9. Father's Occupation	Porter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	John S. Pennington M.D.
Address	98 N Green st.
Remarks	

Extract Registered Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12833

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Ethel
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	25 of July 1916
4. Place of Birth (Street and Number)	No 11 Britain Court
5. Full Name of Mother	Rosa Smith
6. Mother's Maiden Name	Rosa Blackstock
7. Mother's Birthplace	West Virginia Virginia
8. Full Name of Father	Solomon Smith
9. Father's Occupation	Laborer
10. Father's Birthplace	Kent Maryland Virginia
Name of Medical Attendant, or other Person who makes this Return.	Kent Williams
Address	No 70 Britain Court
Remarks	

Correct Record of Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12831

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 25th 1876
4. Place of Birth (Street and Number)	157 Chase St
5. Full Name of Mother	Agnes Rabe
6. Mother's Maiden Name	" Eckelman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Rabe
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula E. Schreiner
Address	16 Harford Ave
Remarks	

12835

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 25th 1876

4. Place of Birth (Street and Number) McDonough St near Chase

5. Full Name of Mother Julia Moore

6. Mother's Maiden Name " Lacy

7. Mother's Birthplace Co. Hexford Ireland

8. Full Name of Father Daniel Moore

9. Father's Occupation Shoemaker

10. Father's Birthplace Co Hexford Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula A Chrismer

Address ~~129 E Mo~~ 16 Harford Ave

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 25th 1876

4. Place of Birth (Street and Number) #3 Holland St

5. Full Name of Mother Emma Parr

6. Mother's Maiden Name " ~~Ly~~ Dyer

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Wesley B Parr

9. Father's Occupation Iron Worker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mme Ulbig

Address #48 Holland St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth 25 July 1876

4. Place of Birth (Street and Number) Chappelst 131

5. Full Name of Mother Barbara Klima

6. Mother's Maiden Name Klima

7. Mother's Birthplace Branic in Bohemia

8. Full Name of Father Wentl Klima

9. Father's Occupation laborer

10. Father's Birthplace Kwetow in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Koptsch

Address 69 N. Washington St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12835

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 25 1876
4. Place of Birth (Street and Number)	No 24 Willow St
5. Full Name of Mother	Mary Maguire
6. Mother's Maiden Name	" Boran
7. Mother's Birthplace	Ireland
8. Full Name of Father	Bernard Maguire
9. Father's Occupation	Drayman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F Shriner
Address	16 Harford Ave
Remarks	

HEALTH DEPARTMENT AUG 1876 BALTIMORE

Extract from Ordinances of the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th
4. *Place of Birth (Street and Number)* 48 Portland st
5. *Full Name of Mother* Mrs Fredericka R. Steiner.
6. *Mother's Maiden Name* J. Rosana. Mahr.
7. *Mother's Birthplace* Baltimore. Md.
8. *Full Name of Father* John. Steiner.
9. *Father's Occupation* Carter.
10. *Father's Birthplace* Kurz Hesse Germany. nieder asphe.

Name of Medical Attendant, or other Person who makes this Return. Dominic Sanborn

Address 439. W[illegible] Lewis

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics

12840

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 25 July '76

4. Place of Birth (Street and Number) Chestnut alley

5. Full Name of Mother Maggie Alt.

6. Mother's Maiden Name " Baucher

7. Mother's Birthplace Kur. Hessen – Germany

8. Full Name of Father John Alt.

9. Father's Occupation Shoemaker

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 South Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12841

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 25th
4. Place of Birth (Street and Number) Balt Infirmary
5. Full Name of Mother Mary Lisco
6. Mother's Maiden Name —
7. Mother's Birthplace —
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. T. A. Ashby MD

Address Balt Infirmary

Remarks Natural Labor

Extract Regulations of the Board of Health of the Mayor and Commissioners of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 27th 1876.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth July 26th 1876.
4. Place of Birth (Street and Number) 368 Alice Ann St.
5. Full Name of Mother Wilhelmina C. Norwood.
6. Mother's Maiden Name Wilhelmina C. Kohlbus.
7. Mother's Birthplace Germany.
8. Full Name of Father John E. Norwood.
9. Father's Occupation Tinner.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No. 137 S Wolfe St.

Remarks

Extract Registration of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12843

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the Sixth Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 26th
4. Place of Birth (Street and Number) No: 25 Harrison St
5. Full Name of Mother Anna Kerndl
6. Mother's Maiden Name Anna Bruegel
7. Mother's Birthplace Baltimore
8. Full Name of Father Charels Kerndl
9. Father's Occupation Dyer
10. Father's Birthplace Allstedt Saxony Weimar

Name of Medical Attendant, or other Person who makes this Return. Madam Reitz Hebamme

Address No. 40 J Sayetstrit

Remarks

Extract Regulations of the Vital Statistics in the City of Baltimore.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12844

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5rd

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth July 26th 1876

4. Place of Birth (Street and Number) 139 Scott St

5. Full Name of Mother Mary C Poulton

6. Mother's Maiden Name Frazier

7. Mother's Birthplace Balto City

8. Full Name of Father John E Poulton

9. Father's Occupation Brickmaker

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12845

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 26th 1876
4. Place of Birth (Street and Number) No 36. Chestnut Street
5. Full Name of Mother Mary Blake
6. Mother's Maiden Name J Blake
7. Mother's Birthplace Baltimore
8. Full Name of Father William Wallace
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Wilson

Address No 6 Jews ally

Remarks Child died 20 hours after birth of convulsions no medical attendant written by request of friends E C Baldwin

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Qu 12846

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Clinton M. Hunter

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26 July
4. Place of Birth (Street and Number) 207 Caroline street
5. Full Name of Mother Laura Hunter
6. Mother's Maiden Name Clavel
7. Mother's Birthplace Baltimore
8. Full Name of Father James Hunter
9. Father's Occupation Plumber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address M. 70 Cranby Street

Remarks

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12847

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
27
1876
BALTIMORE

3'

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth July 26.

4. Place of Birth (Street and Number) Madison Avenue extended

5. Full Name of Mother Hattie Hoffman

6. Mother's Maiden Name Duty

7. Mother's Birthplace Balt.o

8. Full Name of Father Edward Hoffman

9. Father's Occupation Clerk

10. Father's Birthplace Balt.o

Name of Medical Attendant, or other Person who makes this Return. H. H. Wilson

Address 251 Mad. Ave.

Remarks Twins

Extract Regulations of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12848

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 26th 1876
4. Place of Birth (Street and Number)	No 70 Portland St
5. Full Name of Mother	Caroline Jerling
6. Mother's Maiden Name	" " " Knoben
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Jerling
9. Father's Occupation	Blacksmith
10. Father's Birthplace	West va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumlar
Address	No 60 Schroeder St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12849

[illegible]TURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Born 26th [illegible] 1876
4. Place of Birth (Street and Number) No West Cmon St Fulton Fulton
5. Full Name of Mother Mrs Chartrine Tierney
6. Mother's Maiden Name Chartrine Gilden
7. Mother's Birthplace Baltimore M.D.
8. Full Name of Father Patrick Edward Tierney
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return. Wm

Address Anna Dumler 60 Schorter St.

Remarks

[illegible]rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12850

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) "

3. Date of Birth July 26th 1876

4. Place of Birth (Street and Number) Port Av.

5. Full Name of Mother Amalia Bransinsky.

6. Mother's Maiden Name Amalia Hartwig

7. Mother's Birthplace Germany.

8. Full Name of Father Harman Bransinsky.

9. Father's Occupation Labor

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battey Av

Remarks

Extract Regulations of the Board of Health of the Mayor and Aldermen of the Mayor and Aldermen of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Childeur
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	26 of July
4. Place of Birth (Street and Number)	Lindmans Alley No 24
5. Full Name of Mother	Babbere Bönline
6. Mother's Maiden Name	Babbere "
7. Mother's Birthplace	Baunach in Germene
8. Full Name of Father	Bankkratz Bönline
9. Father's Occupation	Labor
10. Father's Birthplace	Weinhandorf
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 125
Remarks	

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Two Females Twins
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 26th 1876.
4. Place of Birth (Street and Number)	Belair Av. Balto Co.
5. Full Name of Mother	Henriette Baltz
6. Mother's Maiden Name	Henriette Strake,
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Louis ~~Baltz~~ Baltz
9. Father's Occupation	Butcher
10. Father's Birthplace	St Louis
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	25 N. Caroline
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male

1. Sex (state whether Male or Female) 2

2. Race or Color (if not of the white race) —

3. Date of Birth 26 July 1876

4. Place of Birth (Street and Number) 56 Lombard St

5. Full Name of Mother Mary Malone

6. Mother's Maiden Name Low

7. Mother's Birthplace U. States of America

8. Full Name of Father Timothy Malone

9. Father's Occupation Grocer

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 56 E. Lombard St

Remarks —

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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12854

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male 2

1. Sex (state whether Male or Female) 2
2. Race or Color (if not of the white race)
3. Date of Birth 26 July 1876
4. Place of Birth (Street and Number) 84 Lombard St
5. Full Name of Mother Louisa Uhland
6. Mother's Maiden Name Meyer
7. Mother's Birthplace U. States of America
8. Full Name of Father John Uhland
9. Father's Occupation Barber
10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 52 E. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 the first

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord
3. Date of Birth 26 July
4. Place of Birth (Street and Number) 8 pum alley
5. Full Name of Mother
6. Mother's Maiden Name Sark Cosabath green
7. Mother's Birthplace Kentisland m S
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. rabhil dorm

Address no 10 4 henrietta st 3 ter Sharp and leding hale

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July Wenesday 26th 1876
4. Place of Birth (Street and Number)	No 701 Portland Street
5. Full Name of Mother	Caroline Jerling
6. Mother's Maiden Name	" " Kindler
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Jerling
9. Father's Occupation	Blacksmith
10. Father's Birthplace	West Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dunbar
Address	No 60 Schroeder Street
Remarks	

Extract Regulations of the Board of Health to secure a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
2
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 26th 1876.
4. Place of Birth (Street and Number)	174 S. Charles st.
5. Full Name of Mother	Mary E. Sauer
6. Mother's Maiden Name	M. E. Burns
7. Mother's Birthplace	Ireland
8. Full Name of Father	Andrew Sauer
9. Father's Occupation	Police
10. Father's Birthplace	Saxon Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Park Ave.
Remarks	

Earliest Registration of the Birth in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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20

12858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male ~~or Female~~) Male.
2. Race ~~or Color~~ (if not of the white race)
3. Date of Birth July 27th 1876.
4. Place of Birth (Street and Number) 218 N. Front St.
5. Full Name of Mother Annie Murphy.
6. Mother's Maiden Name Annie Drumgool.
7. Mother's Birthplace England.
8. Full Name of Father Timothy Murphy.
9. Father's Occupation Currier.
10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address 137 N. Exeter St.

Remarks

Extract Regulations of the Board of Health to secure a fair and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27th
4. Place of Birth (Street and Number)	146 Lan St.
5. Full Name of Mother	Mary Ann Neidman
6. Mother's Maiden Name	Mary Ann O'Brien
7. Mother's Birthplace	Ireland
8. Full Name of Father	Wm Neidman
9. Father's Occupation	Clerk
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	F. Thurstin
Address	148 Mulberry St
Remarks	Child healthy

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12860

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Col'd
3. Date of Birth	July 27th 1876
4. Place of Birth (Street and Number)	312 N. Howard St
5. Full Name of Mother	Lizzie Barber
6. Mother's Maiden Name	—
7. Mother's Birthplace	Balto City
8. Full Name of Father	Geo Barber
9. Father's Occupation	Brickmaker
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Ashbie Johnson
Address	103 Plum alley
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 of July
4. Place of Birth (Street and Number)	Brown St No 43.
5. Full Name of Mother	Lenne Colein
6. Mother's Maiden Name	Lenne Baumgardner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Colein
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

Extract Regulations of the Board of Health to secure a [illegible] rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12862

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 '16 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 of July
4. Place of Birth (Street and Number)	Ellis Alley No 44.
5. Full Name of Mother	Julia Huttenberger.
6. Mother's Maiden Name	Julia Stafford
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Huttenberger.
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss Martin
Address	West St. & 128
Remarks	

Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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12863

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27/76.
4. Place of Birth (Street and Number)	Madera Alley No. 116
5. Full Name of Mother	Christina Buchhart
6. Mother's Maiden Name	" Wlinkauf
7. Mother's Birthplace	Prussia Germ
8. Full Name of Father	Andrew Buchhart.
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anna st.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12864

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1975 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 27th
4. Place of Birth (Street and Number) Bull Infirmary
5. Full Name of Mother Margaret Deitman
6. Mother's Maiden Name — —
7. Mother's Birthplace Germany
8. Full Name of Father — —
9. Father's Occupation — —
10. Father's Birthplace — —

Name of Medical Attendant, or other Person who makes this Return. T. A. Ashby M.D.

Address University

Remarks Natural Labor Head Presentation Weight of child at birth 11½ lbs

12863

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 th child,

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White race,
3. *Date of Birth* the 27 th of July 1876,
4. *Place of Birth* (Street and Number) No 78, Gardiner st.
5. *Full Name of Mother* Margaret, Mc Keneny,
6. *Mother's Maiden Name* Margaret, Smith,
7. *Mother's Birthplace* in Ireland,
8. *Full Name of Father* Laurence Mc. Keneny,
9. *Father's Occupation* Labourer-work,
10. *Father's Birthplace* in Ireland,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelsinger

Address No 14 Minor st,

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics.

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12866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 31 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27th 1876
4. Place of Birth (Street and Number)	62 N. Schroeder St
5. Full Name of Mother	Elizabeth Cole
6. Mother's Maiden Name	Crocket
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Cole
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. A. C. Cuddy M.D.
Address	263 Franklin St.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 29, 1876
4. Place of Birth (Street and Number)	43 Penna. Av.
5. Full Name of Mother	Sarah Martin
6. Mother's Maiden Name	Ford
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno. Martin
9. Father's Occupation	
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. C. Cuddy M.D.
Address	363 Franklin St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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12868

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 27th 8 45 A M 1876
4. Place of Birth (Street and Number) 283 E. Baltimore
5. Full Name of Mother Jane Augustine Adreon
6. Mother's Maiden Name Jane Augustine Kelso Quiteau
7. Mother's Birthplace
8. Full Name of Father Col. Harrison Adreon
9. Father's Occupation Pension Agent
10. Father's Birthplace Balto, City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelle M D

Address 299 E Baltimore Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 27th 1876
4. Place of Birth (Street and Number)	45 St Mary's St
5. Full Name of Mother	Catherine Knell
6. Mother's Maiden Name	" " Halwick
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Knell
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Mesengehl (Midwife)
Address	220 Preston St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12870

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth ~~161 Mosher Street~~, 27th July 1876.
4. Place of Birth (Street and Number) 161, Mosher Street Baltimore.
5. Full Name of Mother Mary A. Kleibacker.
6. Mother's Maiden Name Mary A. Bruehl
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Christian B. Kleibacker.
9. Father's Occupation Merchant.
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Harry L. Byrd M.D.

Address 139, Arlington Avenue, Baltimore Md.

Remarks Natural labor 8 hours duration, Mother & child doing well.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12871

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	July 27. 1876
4. Place of Birth (Street and Number)	No 204 West. Lt
5. Full Name of Mother	Henriet Saal
6. Mother's Maiden Name	
7. Mother's Birthplace	
8. Full Name of Father	George Saal
9. Father's Occupation	Laber
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Susan Butler
Address	173 West Lt.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 3d

1. *Sex* (*state whether Male or Female*) male
2. *Race or Color* (*if not of the white race*) white
3. *Date of Birth* 24 July 1876
4. *Place of Birth* (*Street and Number*) Fayette Court
5. *Full Name of Mother* Mary Petnic
6. *Mother's Maiden Name* Petkova
7. *Mother's Birthplace* Dole in Bohemia
8. *Full Name of Father* Francis Petnic
9. *Father's Occupation* laborer
10. *Father's Birthplace* Zahradka

Name of Medical Attendant, or other Person who makes this Return. Mary Kopsick

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 '76 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27th 1876
4. Place of Birth (Street and Number)	Williamson St No 12
5. Full Name of Mother	Mrs Anna ~~Blazesdel~~ Braman
6. Mother's Maiden Name	Anna blazesdel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Braman
9. Father's Occupation	Safe Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Anderson
Address	No 92 Hamburg St
Remarks	Mother and child doing Well

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12871

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 27 1876

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 27th 1876.
4. *Place of Birth (Street and Number)* 91 Lancaster St
5. *Full Name of Mother* Maggie Roth.
6. *Mother's Maiden Name* Maggie Schüssler.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Roth.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 137 S Wolfe St.

Remarks —

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12875

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether ~~Male~~ or Female)
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* July 27th 1876
4. *Place of Birth* (Street and Number) 181 & 131 Stirling St
5. *Full Name of Mother* Hannah Sutton Lord
6. *Mother's Maiden Name* Hannah Sutton
7. *Mother's Birthplace* Northumberland Co Va
8. *Full Name of Father* Alexander Day
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Northumberland Co Va

Name of Medical Attendant, or other Person who makes this Return. E. Geo. Wallis M D

Address 181 & Monument St

Remarks Very healthy Child

RETURN OF A BIRTH.

12876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27th 1876
4. Place of Birth (Street and Number)	901 Addison st
5. Full Name of Mother	Bridget Hamaya
6. Mother's Maiden Name	Bridget Emmite
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michel Emmite
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Hena Hillegeist
Address	182 Monument st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 27th 1876
4. *Place of Birth* (Street and Number)	108 Cookson St
5. *Full Name of Mother*	Sarah S. Wood
6. *Mother's Maiden Name*	Sarah S. Handsard
7. *Mother's Birthplace*	Amherst Co Virginia
8. *Full Name of Father*	James H. Wood
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Buckingham Co Va
Name of Medical Attendant, or other Person who makes this Return.	Margaret Ettle
Address	13 Cubia St Baltimore
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 27th July
4. Place of Birth (Street and Number) 298 E. Pratt St.
5. Full Name of Mother Fannie Cecelia Herold
6. Mother's Maiden Name " " Murdock
7. Mother's Birthplace City
8. Full Name of Father George Herold
9. Father's Occupation Paper hanger
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. E. P. Irons

Address 406 E. Baltimore St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12879.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male

1. Sex (state whether Male or Female) 3

2. Race or Color (if not of the white race) —

3. Date of Birth 28 July 1876

4. Place of Birth (Street and Number) 4 Hamburg

5. Full Name of Mother Mary Ann Holland

6. Mother's Maiden Name Corner

7. Mother's Birthplace U. States of America

8. Full Name of Father Charles Holland

9. Father's Occupation Shoe Maker

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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26

RETURN OF A BIRTH.

12880

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
30
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	July 28th 1876.
4. Place of Birth (Street and Number)	78 N Fremont st.
5. Full Name of Mother	Annie Ogle.
6. Mother's Maiden Name	Annie Adams.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	George Ogle.
9. Father's Occupation	Mason
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	John D Pennington M.D.
Address	98 N Greene st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12881

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Chile

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 28 76
4. Place of Birth (Street and Number) [illegible] near Britton St
5. Full Name of Mother Laura J. Jackson
6. Mother's Maiden Name J Wamsley
7. Mother's Birthplace Baltimore City
8. Full Name of Father James R. O. Jackson
9. Father's Occupation Cigar maker
10. Father's Birthplace Balti City

Name of Medical Attendant, or other Person who makes this Return. A R Lloyd

Address [illegible] Howard St

Remarks mid wife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eveleventh

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white race
3. Date of Birth Friday July 28th 1876
4. Place of Birth (Street and Number) 273 West Pratt street
5. Full Name of Mother Annie Neushake
6. Mother's Maiden Name Annie Hildebrandt
7. Mother's Birthplace Saxon
8. Full Name of Father Karl Neushake
9. Father's Occupation Confectionary
10. Father's Birthplace Hessian darm state

Name of Medical Attendant, or other Person who makes this Return. Mrs Rice [illegible]

Address

Remarks

No 40 J. [illegible]

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Coulord
3. Date of Birth July 28 876
4. Place of Birth (Street and Number) Baltimore Park Av No 186
5. Full Name of Mother Maria Luwisa Willmore
6. Mother's Maiden Name Maria Luwisa Nackfursom
7. Mother's Birthplace Baltimore city Gracvd alley No 63
8. Full Name of Father Charles Henery Willmoore
9. Father's Occupation Weightore
10. Father's Birthplace Eeastern Shore Tolbert County

Name of Medical Attendant, or other Person who makes this Return. Doctor Morsore and Aunt Moodey

Address Clover Alley No 15

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

128811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 '76 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 28/76.
4. Place of Birth (Street and Number)	Capitol ave No. 214
5. Full Name of Mother	Elizabeth Sherman
6. Mother's Maiden Name	" Jordan
7. Mother's Birthplace	Germ
8. Full Name of Father	John Sherman
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuette
Address	Midwife
Remarks	320 Alice Anna st.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 28 1876
4. Place of Birth (Street and Number)	440 Bay St
5. Full Name of Mother	Agnes Baker
6. Mother's Maiden Name	Strangle
7. Mother's Birthplace	Camden N. J.
8. Full Name of Father	John George Baker
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula E Chrisman
Address	16 Hanford Ave.
Remarks	

Extract Regulations of the Board of Health to Secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Second Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 28th of July
4. Place of Birth (Street and Number) No. 447 Nth. Gay St.
5. Full Name of Mother Kate Miller
6. Mother's Maiden Name Kate Mason
7. Mother's Birthplace Richmond
8. Full Name of Father John F. Miller
9. Father's Occupation Cardriver.
10. Father's Birthplace Govanstown

Name of Medical Attendant, or other Person who makes this Return. Catherine ~~[illegible]~~ Lanahan

Address No. 531 Nth. Gay St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 7th

1. *Sex* (*state whether Male or Female*) Male

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* July 28 1876

4. *Place of Birth* (*Street and Number*) No 47 Hamburg st

5. *Full Name of Mother* Martha Barker

6. *Mother's Maiden Name* Martha Montgomery

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Jas. Barker

9. *Father's Occupation* Capt. Steamer. Express

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. H. B. Scott M.D

Address 67 Hamburg

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12888

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
8
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 28th 1876
4. Place of Birth (Street and Number)	No 243 Dallas st
5. Full Name of Mother	Mary Imbach
6. Mother's Maiden Name	Mary Wagle
7. Mother's Birthplace	Germany
8. Full Name of Father	Adolph Imbach
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Lina Hollaender
Address	No 182 Monument st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
8
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 28th 1876
4. *Place of Birth (Street and Number)* No 171 Hartford Ave
5. *Full Name of Mother* Kate Trompe
6. *Mother's Maiden Name* Kate Hleffler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fredrick Trompe
9. *Father's Occupation* ~~Locksm~~ Locksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jena Killegers

Address No 1-82 E Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12890

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 28th 1876
4. Place of Birth (Street and Number)	No 283 Central st
5. Full Name of Mother	Sophia Krampe
6. Mother's Maiden Name	Sophia Rennert
7. Mother's Birthplace	Baltimore
8. Full Name of Father	A. H. Krempe
9. Father's Occupation	Sewing Machinist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Lena Hillegeist
Address	No 182 E Monument st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12891

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
10
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	2d
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	July 28th
4. Place of Birth (*Street and Number*)	96 N. Wolf street
5. Full Name of Mother	Kate Appleby
6. Mother's Maiden Name	" Miller
7. Mother's Birthplace	Baltimore United States
8. Full Name of Father	John F. Appleby
9. Father's Occupation	Farmer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Guy
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 28th 7 A.M. 1876
4. Place of Birth (Street and Number) 254 N. Wolf
5. Full Name of Mother Margaret Ann Worden
6. Mother's Maiden Name Margaret Ann Thompson
7. Mother's Birthplace Baltimore City
8. Full Name of Father James D. Worden
9. Father's Occupation Painter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Dorville M.D.

Address 299 E. Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 28th
4. Place of Birth (Street and Number)	Bell Infirmary
5. Full Name of Mother	Lizzie Yates
6. Mother's Maiden Name	—
7. Mother's Birthplace	Maryland
8. Full Name of Father	—
9. Father's Occupation	—
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return.	T A Ashby MD
Address	Bell Infirmary
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12894

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth July 31st 1876

4. Place of Birth (Street and Number) 1 Diamond St

5. Full Name of Mother Emma Schwartze

6. Mother's Maiden Name Gammer

7. Mother's Birthplace Balto City

8. Full Name of Father Geo I Schwartze

9. Father's Occupation Shoemaker

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12895

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* July 28. 1876. 8.30 P.M.

4. *Place of Birth (Street and Number)* 423 East Baltimore St. Baltimore

5. *Full Name of Mother* Annie Bowen

6. *Mother's Maiden Name* Dukehart

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Andrew J. Bowen

9. *Father's Occupation* Editor.

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Albert Lyman M.D. & L.M. Dublin

Address 375 East Baltimore St. Baltimore

Remarks

JUL 31 1876 BALTIMORE

Extract. Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 28th 1876
4. Place of Birth (Street and Number) 26 Parkhurst St
5. Full Name of Mother Catherine Boyce
6. Mother's Maiden Name " " Polock
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Wm Boyce
9. Father's Occupation Currier
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Wesenzehl (Midwife)

Address 220 Preston St

Remarks

Extra[illegible] of the Board of Health to secure a full and co[illegible]rect Record of Vital Statistics in the City of Baltimore.

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12897

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 28 of Jul
4. Place of Birth (Street and Number) 193 Columbia St
5. Full Name of Mother Katharine Kassakatis,
6. Mother's Maiden Name — Horz,
7. Mother's Birthplace Germania
8. Full Name of Father Herrman Kassakates
9. Father's Occupation Lock Smith.
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. M. Goebach.

Address Dr Herrman Kassakates

Remarks 439 West Lexington St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Birth

1. Sex (state whether Male or Female) ~~Boy~~ Girl
2. Race or Color (if not of the white race) White
3. Date of Birth [illegible]
4. Place of Birth (Street and Number) [illegible] 28 [illegible] 68
5. Full Name of Mother Mozelle Murphy
6. Mother's Maiden Name Mozelle Kenner
7. Mother's Birthplace Orleans Murphy Island
8. Full Name of Father Lawrence Kenner
9. Father's Occupation Pitcher Stock
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 439 West Lexington St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12899

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 28 1876
4. *Place of Birth (Street and Number)* 19 Tyson Alley
5. *Full Name of Mother* Nancy Scott
6. *Mother's Maiden Name* Nancy Jackson
7. *Mother's Birthplace* ~~Do~~ Virginia
8. *Full Name of Father* Richard H. Scott
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Kent County Md.

Name of Medical Attendant, or other Person who makes this Return. Hester Buckley M.D.

Address No 85 Orchard Street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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12,900

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 28
4. Place of Birth (Street and Number)	45 Thames St
5. Full Name of Mother	Lizzie Baker
6. Mother's Maiden Name	" Fegg
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Baker
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No. 289 S Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 28
4. Place of Birth (Street and Number)	295 S. Bond St
5. Full Name of Mother	Elizabeth Baker
6. Mother's Maiden Name	" Brehm
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Baker
9. Father's Occupation	Tinner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12902

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 28th 1876
4. Place of Birth (Street and Number)	No 51 Burgundy alley
5. Full Name of Mother	Mary Elizabeth Ellsly
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto City
8. Full Name of Father	Frank Ellsey
9. Father's Occupation	waiter
10. Father's Birthplace	Caroline County MD

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 11 Burgundy alley

Remarks

RETURN OF A BIRTH.

12,902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) femel
2. Race or Color (if not of the white race)
3. Date of Birth July 28
4. Place of Birth (Street and Number) Southspacer St 101
5. Full Name of Mother Camilla Acton
6. Mother's Maiden Name Mclary
7. Mother's Birthplace Baltmore
8. Full Name of Father Eliga Acton
9. Father's Occupation Labourer
10. Father's Birthplace Washington Dc

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 Mchenry St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

19904

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	July 25- 1876.
4. Place of Birth (Street and Number)	186 Park Av.
5. Full Name of Mother	Maria L. Wilmor
6. Mother's Maiden Name	" " McPherson
7. Mother's Birthplace	Baltimore city.
8. Full Name of Father	Charles H. Wilmor
9. Father's Occupation	Waiter
10. Father's Birthplace	Easton - Talbott Co.
Name of Medical Attendant, or other Person who makes this Return.	W.E. Moseley M.D.
Address	157 N. Eutaw St.
Remarks	

12905

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 28 July
4. *Place of Birth (Street and Number)* 37 Ann st.
5. *Full Name of Mother* Anna Danly
6. *Mother's Maiden Name* Anna Hketon.
7. *Mother's Birthplace* Kent Co.
8. *Full Name of Father* Agnes Danly.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Kent Co

Name of Medical Attendant, or other Person who makes this Return. Sarah Slyle

Address 247 Orleans st

Remarks

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12906

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Collard
3. *Date of Birth* 28 July
4. *Place of Birth (Street and Number)* 81 North Awn. st
5. *Full Name of Mother* Ida Ophelia hairs
6. *Mother's Maiden Name* Ida Ophelia cooper
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard harris
9. *Father's Occupation* Coatlimon
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizebeth Mcdonney

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth ~~No. 288 Eutaw st~~ July 29th 1876
4. Place of Birth (Street and Number) No. 288 Eutaw st
5. Full Name of Mother Charlotte Conway
6. Mother's Maiden Name Charlotte Carter
7. Mother's Birthplace Fairfax Co. Va
8. Full Name of Father Henry Conway
9. Father's Occupation Saylor
10. Father's Birthplace Northumberland Co. Va

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address ~~298~~ Hamburgh st

Remarks 298

rect Record of Vital Statistics in the City of Baltimore.

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MISSING

#12908

12909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 29th 1876
4. Place of Birth (Street and Number)	178 Bethel St.
5. Full Name of Mother	Elizabeth Rückert
6. Mother's Maiden Name	" Wolf
7. Mother's Birthplace	Germany
8. Full Name of Father	George Rückert
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bustmann
Address	120 Bank St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 29th 1876
4. Place of Birth (Street and Number) No 195 Canton Ave
5. Full Name of Mother Elizabeth Gleier
6. Mother's Maiden Name " Ratz
7. Mother's Birthplace Germany
8. Full Name of Father Charles Klay Gleier
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushman

Address 120 Bank str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 29" 1876
4. Place of Birth (Street and Number)	206 Register Street
5. Full Name of Mother	Ida Hauke
6. Mother's Maiden Name	" " Vatter
7. Mother's Birthplace	Germany
8. Full Name of Father	Gustav Hauke
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Fredrika Kaufman
Address	178 Eastern ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 29
4. Place of Birth (Street and Number)	53 Hillen Street
5. Full Name of Mother	Kate Hogan
6. Mother's Maiden Name	Kate O Keeffe
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Hogan
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Fleming
Address	No 97 Aliceanna St E
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth July 29th

4. Place of Birth (Street and Number) Cagar St 135

5. Full Name of Mother Heat Leeland

6. Mother's Maiden Name Heat Shimeby

7. Mother's Birthplace Ireland

8. Full Name of Father Thomas Leland

9. Father's Occupation Stone polesher

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercein

Address 136 McHenry St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 Aug 1876
4. Place of Birth (Street and Number)	144 Druid Hill Avenue
5. Full Name of Mother	Catharine Henry
6. Mother's Maiden Name	C. Madden
7. Mother's Birthplace	Balt City
8. Full Name of Father	Francis Henry
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Maitland Brown M.D.
Address	201 W. Biddle St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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MISSING
#12915

12916

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 29
4. Place of Birth (Street and Number)	Lankaster St 48
5. Full Name of Mother	Marie Landmann
6. Mother's Maiden Name	" Lehman
7. Mother's Birthplace	Bayern
8. Full Name of Father	Frederick Landmann
9. Father's Occupation	Labor
10. Father's Birthplace	Amsterdam
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St.
Remarks	

Extract from Regulations of the Board of Health relative to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12917.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 29 1876
4. Place of Birth (Street and Number)	7 Young st
5. Full Name of Mother	Mary Cecilia Henderson
6. Mother's Maiden Name	" " Bennett
7. Mother's Birthplace	Ulster Co. N.Y.
8. Full Name of Father	James Henderson
9. Father's Occupation	Crabber
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Attended by a lady in the neighborhood by the name of King of No 3 Young

HEALTH DEPARTMENT NOV 14 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12918

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 29th
4. *Place of Birth* (Street and Number)	192 Front St
5. *Full Name of Mother*	Margaret Higgins
6. *Mother's Maiden Name*	[redacted] Arnold
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Bernard Higgins
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula L Chrismer
Address	16 Harford Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 22th 1875
4. Place of Birth (Street and Number)	462 n. Fremont St.
5. Full Name of Mother	Emma A. Schad
6. Mother's Maiden Name	E. A. Leayler
7. Mother's Birthplace	Saxon Germany
8. Full Name of Father	Henry Schad
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wimer
Address	56. East St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12920

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 29th
4. Place of Birth (Street and Number)	West St 184
5. Full Name of Mother	Kate Moore
6. Mother's Maiden Name	Retzgusky
7. Mother's Birthplace	Maryland
8. Full Name of Father	J L Moore
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Caroline Fisher
Address	189 West Lexington
Remarks	

HEALTH DEPARTMENT AUG 7 1865 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12921

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 d.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth July 29th 1876.

4. Place of Birth (Street and Number) William Street No 367.

5. Full Name of Mother Mary Walter,

6. Mother's Maiden Name Mary Swanweck,

7. Mother's Birthplace Ireland

8. Full Name of Father William Walter.

9. Father's Occupation Labor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av.

Remarks

Registration of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12922

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth July 29th 1876
4. Place of Birth (Street and Number) 60 Albermale
5. Full Name of Mother Alice Agnes Steets
6. Mother's Maiden Name " " Reilly
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Washington Steets
9. Father's Occupation Coach finisher
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmid

Address 27 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5 Colloed

1. Sex (state whether Male or Female) femail
2. Race or Color (if not of the white race) Colloed
3. Date of Birth July 29
4. Place of Birth (Street and Number) No 28 Joesfrine St
5. Full Name of Mother Annie E Davvis
6. Mother's Maiden Name Davvis
7. Mother's Birthplace Estton Shoe Md
8. Full Name of Father Sameal gaine
9. Father's Occupation Steaveadoe
10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Madan E Adm Steong

Address B Peesmand St Md

Remarks No Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19

RETURN OF A BIRTH.

12924

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 29th 1876
4. Place of Birth (Street and Number)	333 Mulberry St
5. Full Name of Mother	Sarah Barnhart
6. Mother's Maiden Name	Atkinson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alfred Barnhart
9. Father's Occupation	Paper Hanger
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. C. Cindy M.D.
Address	333 Mulberry St
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12925

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 29-1876
4. Place of Birth (Street and Number)	371 W. Lombard St
5. Full Name of Mother	Virginia P. Webb
6. Mother's Maiden Name	Doane
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Charles W. Webb
9. Father's Occupation	Produce Dealer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12926

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* July 27 1876
4. *Place of Birth* (Street and Number) 35 St mary street
5. *Full Name of Mother* Nancy Bowen
6. *Mother's Maiden Name* Nancy Gaskins
7. *Mother's Birthplace* Winchester Virginia
8. *Full Name of Father* Henry Bowen
9. *Father's Occupation* Coachman
10. *Father's Birthplace* West Africa M. D.

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley

Address No 25 Orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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12927

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30th 1876
4. Place of Birth (Street and Number)	Baltimore S. Paca st No 238
5. Full Name of Mother	Elizebeth Rogan
6. Mother's Maiden Name	" " Woglaiman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Rogan
9. Father's Occupation	Expressman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Mitchell
Address	No 102 Poppleton st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12925

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second -
1. Sex (state whether Male or Female)	Male -
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30-'76 -
4. Place of Birth (Street and Number)	207 N. Eutaw
5. Full Name of Mother	Cassie Grim
6. Mother's Maiden Name	Hoffman
7. Mother's Birthplace	Virginia
8. Full Name of Father	Charles A. Grim
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D. -
Address	112 N. Greene St -
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12929

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* dark complection
3. *Date of Birth* Sunday July 30th 1876
4. *Place of Birth (Street and Number)* No 994 Hargrove alley
5. *Full Name of Mother* Margret Jackson
6. *Mother's Maiden Name* Margret Fields
7. *Mother's Birthplace* Rappahannock co Va
8. *Full Name of Father* John Jackson
9. *Father's Occupation* Agriculturist
10. *Father's Birthplace* Dorchester Mass

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnston

Address No 6 Hamilton street

Remarks the Father died last January in his birth place the mother has been here a few months

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth July 30th 1876

4. Place of Birth (Street and Number) High Street No 7

5. Full Name of Mother Emma Rohlander

6. Mother's Maiden Name Emma Kolcher

7. Mother's Birthplace Germany

8. Full Name of Father Louis Rohlander

9. Father's Occupation Labor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Bailey St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12931

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 30th
4. Place of Birth (Street and Number) 187 Dover St.
5. Full Name of Mother Mary Kuenecke
6. Mother's Maiden Name Mary Jacobs
7. Mother's Birthplace Baltimore
8. Full Name of Father Frederick Kuenecke
9. Father's Occupation Shoemaker
10. Father's Birthplace Hanover, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Annie Dunkle 66 Scharlan

Remarks

...act Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

129.32

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* July 30 1876
4. *Place of Birth* (Street and Number) 52 Morris Alley
5. *Full Name of Mother* Esther A Gibbons
6. *Mother's Maiden Name* Esther A Collins
7. *Mother's Birthplace* Snow Hill Md.
8. *Full Name of Father* George A. Garrison
9. *Father's Occupation* Laborman
10. *Father's Birthplace* Kent County Md.

Name of Medical Attendant, or other Person who makes this Return. Fletcher Bosley M.D.

Address No 85 Orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12932

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 30
4. Place of Birth (Street and Number)	Alice Anna St No 309
5. Full Name of Mother	M Adelheid Westermann
6. Mother's Maiden Name	" " Bischoff
7. Mother's Birthplace	Hannover
8. Full Name of Father	D William Westermann
9. Father's Occupation	Grocer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Regina Hildage
Address	No 289 S Bond St
Remarks	

12931

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) —

3. Date of Birth 30 July 1876

4. Place of Birth (Street and Number) 49 Exeter St.

5. Full Name of Mother Charlotte Harburger

6. Mother's Maiden Name Goldheimer

7. Mother's Birthplace U. States of America

8. Full Name of Father Sigmund Harburger

9. Father's Occupation Merchant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30 1876
4. Place of Birth (Street and Number)	Hall street, Locust Point
5. Full Name of Mother	Mary Spiegand
6. Mother's Maiden Name	Mary Kendell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Spiegand
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Margret Ethel
Address	No 13. Cubid Street Locust Point Baltimore Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12936

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 30th 1876
4. Place of Birth (Street and Number)	No 177 Cleveland Av.
5. Full Name of Mother	Margaretha Günther
6. Mother's Maiden Name	" Meisel
7. Mother's Birthplace	Germany
8. Full Name of Father	Sebastian Gunther
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	N 120 Bond St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12937.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30. 1876.
4. Place of Birth (Street and Number)	74 Barre Street, Baltimore.
5. Full Name of Mother	Anna Hoffmann
6. Mother's Maiden Name	Anna Petzold
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Erdmann Hoffmann
9. Father's Occupation	Lithographer
10. Father's Birthplace	Breslau Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Fischer.
Address	No 11 S. Eutaw
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12.9.35

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1935 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first.

1. Sex (state whether Male or Female) ~~Colored~~ female

2. Race or Color (if not of the white race) Colored.

3. Date of Birth July 30th.

4. Place of Birth (Street and Number) No 286 Eutaw st. Baltimore

5. Full Name of Mother Henrietta Hillory

6. Mother's Maiden Name

7. Mother's Birthplace Centreville Md

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Milly Trefs.

Address No 298 Hamburgh. st Baltimore

Remarks

12939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 30 at 1876
4. Place of Birth (Street and Number)	No 131 Leadenhall st.
5. Full Name of Mother	Maggie Gerhardt
6. Mother's Maiden Name	" "
7. Mother's Birthplace	America
8. Full Name of Father	George Gerhardt
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	265 Cross st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12940

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether, Male or Female) Female

Race or Color (if not of the white race) White

Date of Birth July the 30 1876

Place of Birth (Street and Number) 156 Bank st Baltimore City

Full Name of Mother Henrietta Bowling

Mother's Maiden Name Henrietta Smeton

Mother's Birthplace Chester County Pa

Full Name of Father Lewis Bowling

Father's Occupation Painter

Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs C. James Knowles

Address 212 Eastern Ave

Remarks

RETURN OF A BIRTH.

12911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 31. 1876
4. Place of Birth (Street and Number)	310 N. Durham Stre
5. Full Name of Mother	Auguste Krumrein
6. Mother's Maiden Name	Auguste Hueter
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Friedrig Krumrein
9. Father's Occupation	Butcher
10. Father's Birthplace	germane
Name of Medical Attendant, or other Person who makes this Return.	Mare. R. Ruediger
Address	134 N. Bond Stre A
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12912

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 4 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	July 31 d. 1876
4. *Place of Birth (Street and Number)*	1 Mulberry Street
5. *Full Name of Mother*	Marie L. Bek
6. *Mother's Maiden Name*	Marie L. Kohler
7. *Mother's Birthplace*	Amerika
8. *Full Name of Father*	Andreas Bek
9. *Father's Occupation*	Coeler
10. *Father's Birthplace*	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 N. Bond Stret
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c) This is the 9th Birth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July the 31st 1876
4. Place of Birth (Street and Number) No 155 York St Balto Md 2
5. Full Name of Mother Sarha Jane Camphue
6. Mother's Maiden Name Sarha Jane Reed
7. Mother's Birthplace Baltimore
8. Full Name of Father John M. Camphue
9. Father's Occupation Coal King
10. Father's Birthplace Dorchester Cty

Name of Medical Attendant, or other Person who makes this Return. Milly Grost

Address No. ~~[illegible]~~ 278 Hamburg St.

Remarks The sick is doing well the Lord has sent such lovely Pether, not so excessive Poor Pure of Wearn Glad

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
3
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~August~~ July 31. 1876 July 31st
4. *Place of Birth (Street and Number)* N 188 N Calvert St
5. *Full Name of Mother* Florence Marie Coskery
6. *Mother's Maiden Name* Florence Marie Thompson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Oscar J. Coskery
9. *Father's Occupation* Physician
10. *Father's Birthplace* Baltimore Co. Md

Name of Medical Attendant, or other Person who makes this Return. F. L. Chatard M. D

Address N 114 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12915

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Finale

2. Race or Color (if not of the white race) White

3. Date of Birth ~~August~~ July 31 1876 July 31st 76

4. Place of Birth (Street and Number) N 57 Hill S

5. Full Name of Mother Elizabeth Plummer

6. Mother's Maiden Name Elizabeth Fey

7. Mother's Birthplace Baltimore

8. Full Name of Father W. James Plummer

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E Clatanoff M. D.

Address N 114 Park ave.

Remarks

12946

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 31st 1876
4. Place of Birth (Street and Number) 121 S Regester st
5. Full Name of Mother Maggeretha Schwinn
6. Mother's Maiden Name Schasteller
7. Mother's Birthplace City
8. Full Name of Father Thomas Schwinn
9. Father's Occupation Tinner
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

129117

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 31 July
4. *Place of Birth (Street and Number)* 109 Adelphia St
5. *Full Name of Mother* Mary L. Brown
6. *Mother's Maiden Name* " " Curley
7. *Mother's Birthplace* Md
8. *Full Name of Father* Wm R. Brown
9. *Father's Occupation* Painter
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. G L Dameshek

Address 129 W Biddle St Balto

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence, of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. AUG 1870 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	24 July 1870
4. Place of Birth (Street and Number)	31 Eastern Ave.
5. Full Name of Mother	Lizzie Schmidt
6. Mother's Maiden Name	Schmidt
7. Mother's Birthplace	Germany
8. Full Name of Father	Bernhard Schmidt
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E Lombard St
Remarks	

12949

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1870 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	13th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~2~~ 31st July
4. Place of Birth (Street and Number)	238 Madison St
5. Full Name of Mother	Elizabeth Simpson
6. Mother's Maiden Name	Russell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Simpson
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula L Schreiner
Address	16 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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12930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or ~~Female~~).	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 31st 1876.
4. Place of Birth (Street and Number)	49 Hillen St.
5. Full Name of Mother	Mary Jane Love
6. Mother's Maiden Name	" " Graves
7. Mother's Birthplace	Baltimore City Md.
8. Full Name of Father	John William Love
9. Father's Occupation	Coach Painter
10. Father's Birthplace	Baltimore City Md.
Name of Medical Attendant, or other Person who makes this Return.	G. H. Grayson M.D.
Address	18 Aisquith St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

19937

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 31st 1876
4. Place of Birth (Street and Number)	No 229 E. Pratt St Balto Md
5. Full Name of Mother	Mary Ellen Mitchell
6. Mother's Maiden Name	" " Joyce
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Jarrett T Mitchell
9. Father's Occupation	House-carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgway Andre MD
Address	No 124 E Balto St
Remarks	

12952

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 31st 1876
4. Place of Birth (Street and Number)	170 Scott Street
5. Full Name of Mother	Maria Müchs
6. Mother's Maiden Name	" " Rampfauer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Müchs
9. Father's Occupation	Wirecworker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12953

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 31st 1876
4. Place of Birth (Street and Number)	220 Chesapeake
5. Full Name of Mother	Cathrina Geffer
6. Mother's Maiden Name	" " " Linck
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Geffer
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	914 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12954

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth
4. Place of Birth (Street and Number) No 6 Bradford Str.
5. Full Name of Mother Anna Bonold
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father George R. Bonold
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return Mrs. Koch.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
2
1870
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 31st
4. Place of Birth (Street and Number)	Bull Infirmary
5. Full Name of Mother	Mrs White
6. Mother's Maiden Name	—
7. Mother's Birthplace	—
8. Full Name of Father	—
9. Father's Occupation	—
10. Father's Birthplace	—
Name of Medical Attendant or other Person who makes this Return.	T. A Ashby M.D.
Address	Bull Infirmary
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12936

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 31st
4. *Place of Birth (Street and Number)* Balt Infirmary
5. *Full Name of Mother* Mary Clarke
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* —
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. H A Cibby MD

Address University Hospital

Remarks Natural Labor Six hours

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12957

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 3rd 1876
4. *Place of Birth (Street and Number)* No 244 Central Ave
5. *Full Name of Mother* Kate Kroder
6. *Mother's Maiden Name* Kate Lober
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George W. Kroder
9. *Father's Occupation* Carriage Trimmer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Helena Hollegeist

Address 189 E Monument St

Remarks

18 12955

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colord child
3. Date of Birth	July 31st 1876
4. Place of Birth (Street and Number)	No 58 Thomas ct
5. Full Name of Mother	Rachel Ann Gray
6. Mother's Maiden Name	Rachel Ann Presby
7. Mother's Birthplace	Baltimore Co Md
8. Full Name of Father	Richard F. Gray
9. Father's Occupation	Driver Waggon
10. Father's Birthplace	Baltimore Co Md
Name of Medical Attendant, or other Person who makes this Return.	Sophia Hines
Address	135 Chestnut st
Remarks	Baltimore Md

Sophia Hines

rect Record of Vital Statistics in the City of Baltimore.

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12959

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th 1876
4. Place of Birth (Street and Number)	118 Wolfe St
5. Full Name of Mother	Caroline Meaydwell
6. Mother's Maiden Name	Dinger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Theodore F. Meaydwell
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M.D.
Address	262 Madison Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12960

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21st 1876
4. Place of Birth (Street and Number)	218 Constitution St
5. Full Name of Mother	Catharine Ella Meyers
6. Mother's Maiden Name	Price
7. Mother's Birthplace	Penn.a
8. Full Name of Father	Wm P Meyers
9 Father's Occupation	Shoe Manufacturer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M.D.
Address	262 Madison Av
Remarks	Forceps case, insufficient pains

RETURN OF A BIRTH.

12961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 23d 1876
4. Place of Birth (Street and Number)	197 Carrollton Av
5. Full Name of Mother	Sophie Mo. Rice Mantz
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John W. Rice
9. Father's Occupation	Merchant
10. Father's Birthplace	New Jersey
Name of Medical Attendant, or other Person who makes this Return.	Eliat Mc. Price M.D.
Address	262 Madison Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

12912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

(state whether Male or Female) Female

or Color (if not of the white race) Colerd

of Birth August the 1 1876

of Birth (Street and Number) Baltimore No 189 Tyson St

Full Name of Mother Mary Major

Mother's Maiden Name

's Birthplace St Mary Co md

Name of Father Cornelious Major

9. Father's Occupation Waiter

10. Father's Birthplace Denamstel Villige West coast Demerara

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey 8 Oxford St

Address

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12963

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 1st 1876.
4. Place of Birth (Street and Number)	No 184. S. Washington St. F.P.
5. Full Name of Mother	Barbara Vogel Jones
6. Mother's Maiden Name	Barbara Vogel
7. Mother's Birthplace	Germany.
8. Full Name of Father	Chris Jones
9. Father's Occupation	Can Maker
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms.
Address	No 178 S. Chapel St. F.P.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12964

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 3 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6st child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White race
3. Date of Birth 1st of August 1876
4. Place of Birth (Street and Number) No 3 South Frederick str
5. Full Name of Mother Caroline Rodekurt
6. Mother's Maiden Name Caroline Jahn
7. Mother's Birthplace Bremen
8. Full Name of Father Henry Rodekurt
9. Father's Occupation Tailor
10. Father's Birthplace Bremen

Name of Medical Attendant, or other Person who makes this Return.

Address [illegible]

Remarks

[illegible] No 10

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2 nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 1st 1876
4. Place of Birth (Street and Number)	N° 291 Hannover st
5. Full Name of Mother	Mary Seder
6. Mother's Maiden Name	Riel
7. Mother's Birthplace	America
8. Full Name of Father	John Seder
9. Father's Occupation	Barber
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeyer midwife
Address	208 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12966

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT RECEIVED AUG 4 1915 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Infant Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 31 1915
4. Place of Birth (Street and Number)	30 East Hamburg St
5. Full Name of Mother	Mary Magner
6. Mother's Maiden Name	Mary Neri
7. Mother's Birthplace	Born in Ireland
8. Full Name of Father	Thomas Neri
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Cecelia Kunkel for John Kunkel
Address	11 North Chappel St.
Remarks	Healthy

12967

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 4 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female) boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August the 1 1876
4. *Place of Birth* (Street and Number) 7 Woodward Street
5. *Full Name of Mother* [illegible] [illegible] Lennie Woodder
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John Wonder
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address 11 Burgundy alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 1st 1876
4. Place of Birth (Street and Number)	N.E. cor Brunt & Clara Sts
5. Full Name of Mother	Mary E. McElheney
6. Mother's Maiden Name	Mc Elheney
7. Mother's Birthplace	Maryland
8. Full Name of Father	Chas. H. Rhodes
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N.E. cor Hanover & Barre Sts
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

12969

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 1st 1876
4. Place of Birth (Street and Number)	40 Ridgely Street
5. Full Name of Mother	Cathrina Bächring
6. Mother's Maiden Name	" " Maier
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Diedrich Bächring
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12970

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 6th 1876
4. Place of Birth (Street and Number)	122 S. Durham St.
5. Full Name of Mother	Elizabetha Spaetzer
6. Mother's Maiden Name	"
7. Mother's Birthplace	" Germany
8. Full Name of Father	Not Known
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Bushmann
Address	120 Bank St.
Remarks	

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth 1 August 1876

4. Place of Birth (Street and Number) Dont Arley 50

5. Full Name of Mother Barbara Dwak

6. Mother's Maiden Name Sedlacek

7. Mother's Birthplace Velky in Bohemia

8. Full Name of Father Joseph Dwak

9. Father's Occupation laborer

10. Father's Birthplace Velky in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Kopsich

Address 69 N. Washington St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

129711/2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	1 Aug
4. Place of Birth (Street and Number)	Betw Carrol Scotch and Bluff Pledge
5. Full Name of Mother	Barbara Spilman
6. Mother's Maiden Name	Sieglinger
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Jacob Spilman
9. Father's Occupation	Gardener
10. Father's Birthplace	Hessen Dam Stadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroll
Address	828 S Eutaw St
Remarks	

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 6th Child.
1. Sex (state whether Male or Female)	Female Sex.
2. Race or Color (if not of the white race)	white race.
3. Date of Birth	birth the 14th 1876.
4. Place of Birth (Street and Number)	Harmony Lane No. 120.
5. Full Name of Mother	Elizabeth Bachman
6. Mother's Maiden Name	Elizabeth Koisel.
7. Mother's Birthplace	Germany
8. Full Name of Father	Fredrick Bachman.
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dunker Midwife
Address	60 Sharpe St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	1st of August
4. Place of Birth (Street and Number)	Federal St
5. Full Name of Mother	Virginia Oneida Hitchcock
6. Mother's Maiden Name	" " Ruglin
7. Mother's Birthplace	Virginia
8. Full Name of Father	Charles Wesley Hitchcock
9. Father's Occupation	Brakeman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St.
Remarks	

Great Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

129711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1 August
4. *Place of Birth (Street and Number)* 68 Granby Street
5. *Full Name of Mother* Karoline Lenz
6. *Mother's Maiden Name* Siemann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Lenz
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemann

Address No 70 Granby Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12975

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* W. White
3. *Date of Birth* August 1st 1876
4. *Place of Birth (Street and Number)* 243 E Pratt St
5. *Full Name of Mother* Elizabeth Ritch
6. *Mother's Maiden Name* [illegible] Strong
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Aston Ritch
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Gertze

Address No 55 South Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 2d 1876

4. Place of Birth (Street and Number) No 253 Eden st

5. Full Name of Mother Maggie Getz

6. Mother's Maiden Name Maggie Hope Joseph

7. Mother's Birthplace Baltimore

8. Full Name of Father John Getz

9. Father's Occupation Horned Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeus

Address 182 Monument st

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
8
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 1st 1876
4. *Place of Birth (Street and Number)* No 26 Anthony st
5. *Full Name of Mother* Annie Robb
6. *Mother's Maiden Name* Annie Hinkel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Robb
9. *Father's Occupation* Carver
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sena Hillegeist

Address No 182 E Monument st.

Remarks

Great Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12978

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 1st 1876
4. Place of Birth (Street and Number)	183 Dolphin
5. Full Name of Mother	Mary E Quinn
6. Mother's Maiden Name	Mary E Bannan
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Patrick H. Quinn
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Jane Winneberger
Address	23 N. Liberty St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Statistics in the City of Baltimore.

12979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 1st 1876
4. Place of Birth (Street and Number)	Baltimore Ramsey st No 16
5. Full Name of Mother	Caroline Mercer
6. Mother's Maiden Name	" Freeman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Mercer
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. ~~58 Lexington st~~ 103 Appleton st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12980

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2nd August 1876
4. Place of Birth (Street and Number)	No N Charles st
5. Full Name of Mother	Delia Wilmer
6. Mother's Maiden Name	Delia Tudor
7. Mother's Birthplace	Massachusetts
8. Full Name of Father	Stephen Wilmer
9. Father's Occupation	Lawyer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 N Charles st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 2nd
4. Place of Birth (Street and Number)	N. 71 S. Bond
5. Full Name of Mother	Amanda R. White
6. Mother's Maiden Name	" " Moore
7. Mother's Birthplace	Dorchester Co. Md
8. Full Name of Father	G. R. White
9. Father's Occupation	Oyster Inspector
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12982

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 2 d. 1876
4. Place of Birth (Street and Number)	243 N. Bond Street
5. Full Name of Mother	Mariane Gorsnet
6. Mother's Maiden Name	Mariane Kohlman
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Gorsnet
9. Father's Occupation	Tobacco & Cigar Manufr.
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Maria R. Rediger
Address	134 N. Bond Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12983

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 2nd /76.
4. Place of Birth (Street and Number)	Canton ave No. 320
5. Full Name of Mother	Caroline Nor
6. Mother's Maiden Name	" Lenza
7. Mother's Birthplace	Frankfurt - Germ
8. Full Name of Father	August Nor
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. M. D.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	No. 320 Allice Anna st.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12,981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 2d / 76.
4. Place of Birth (Street and Number)	Allie Anna st 425 N.
5. Full Name of Mother	Mary Schüblein
6. Mother's Maiden Name	Mary Gatten
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Christ. Schüblein
9. Father's Occupation	Baker
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuette
Address	Midwife
Remarks	320 Allie Anna st

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12985

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 2nd 1876
4. Place of Birth (Street and Number) 360 W. Lombard St
5. Full Name of Mother Josephine Amanda Pettibone
6. Mother's Maiden Name Josephine A. Joyce
7. Mother's Birthplace Anne Arundel Co Md
8. Full Name of Father John Pettibone
9. Father's Occupation Real Est Agent
10. Father's Birthplace Anne Arundel Co

Name of Medical Attendant, or other Person who makes this Return. Thos. F. Owens

Address No 23. S. Eulaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 2 of August
4. Place of Birth (Street and Number) North Central Av No 279
5. Full Name of Mother Katie Trageser
6. Mother's Maiden Name Katie Summer
7. Mother's Birthplace bor in Baltimore
8. Full Name of Father George Trageser
9. Father's Occupation Tailor
10. Father's Birthplace bor in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wilhuvrer Müller

Address Stirling St No 165

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12987
12988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twins
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2d of August
4. Place of Birth (Street and Number)	No 60 Portland St
5. Full Name of Mother	Katherine Langlotz
6. Mother's Maiden Name	Katherine Heingmann
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Christian Langlotz
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Fisher
Address	No 11 South Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12989

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NO 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 2d 1876.
4. Place of Birth (Street and Number)	232 Battery Ave
5. Full Name of Mother	Cathrina Flach
6. Mother's Maiden Name	" " " Rusch
7. Mother's Birthplace	Germany
8. Full Name of Father	Bernhard Flach
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	Cathrina Münch
Remarks	74 Leadenhall Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12990

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 2nd 1876
4. Place of Birth (Street and Number)	398 Eastern ave
5. Full Name of Mother	Maria Wiesner
6. Mother's Maiden Name	" Kolbenstock
7. Mother's Birthplace	City
8. Full Name of Father	John Wiesner
9. Father's Occupation	Potter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	121 Bank
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1926 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 2nd 1876
4. Place of Birth (Street and Number)	45 Camel st.
5. Full Name of Mother	Maggeretha Gast
6. Mother's Maiden Name	" Bauer
7. Mother's Birthplace	Germany
8. Full Name of Father	Michael Gast
9. Father's Occupation	Tabacco
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Burkhardt
Address	120 Bank
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12992

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
7
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 2nd 1916
4. Place of Birth (Street and Number)	219 Carpenter Ave
5. Full Name of Mother	Mary Virginia
6. Mother's Maiden Name	Brooks
7. Mother's Birthplace	City
8. Full Name of Father	Albert Harlston
9. Father's Occupation	Bricklayer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Buckingham
Address	1211 Bank St.
Remarks	

12993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 2 cd 1876
4. Place of Birth (Street and Number)	No 235 N. Bidle St
5. Full Name of Mother	Elizabeth Schemeka
6. Mother's Maiden Name	Elizabeth Mattern
7. Mother's Birthplace	Prussia Germany
8. Full Name of Father	Charles Schemeka
9. Father's Occupation	Painter
10. Father's Birthplace	Prussia Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt.
Address	No 181 N. Central Av. near Monument St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12994

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 2d
4. *Place of Birth* (Street and Number) 390 Aliceanna str.
5. *Full Name of Mother* Annie E. O'Connor
6. *Mother's Maiden Name* A. E. Balster
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John O'Connor
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Koch

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12995

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	Aug 2
4. Place of Birth (Street and Number)	181 Bethel st
5. Full Name of Mother	harriet Washington
6. Mother's Maiden Name	harriet pinkard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Washington
9. Father's Occupation	waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Leah Johnson
Address	no 32 North st
Remarks	healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12996

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth (10th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 2nd (Second) 1876
4. Place of Birth (Street and Number)	66 South Arlington Avenue
5. Full Name of Mother	Mary Anne Healey
6. Mother's Maiden Name	Mary Anne Burke
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Henley
9. Father's Occupation	Mechanic
10. Father's Birthplace	Ireland
Name of Medical Attendant or other Person who makes this Return.	J. Shelton Hill M.D.
Address	432 W. Fayette St.
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 2nd 1878
4. Place of Birth (Street and Number)	215 Lanvale St
5. Full Name of Mother	Henrietta Brown
6. Mother's Maiden Name	Ne Rouse
7. Mother's Birthplace	Petersburg Virginia
8. Full Name of Father	Wm R. Brown
9. Father's Occupation	Carpenter
10. Father's Birthplace	Petersburg Virginia
Name of Medical Attendant, or other Person who makes this Return.	Annie Masonsell (Wardy)
Address	220 Preston St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

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12998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Third & Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) of The Colored Race

3. Date of Birth 2 of August

4. Place of Birth (Street and Number) No 316 Cross street

5. Full Name of Mother Liddaoseria Johnson

6. Mother's Maiden Name Liddaoseria Spence

7. Mother's Birthplace

8. Full Name of Father Thomas Lues Johnson

9. Father's Occupation Dramond

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jolly A Spence

Address

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12999

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) —

3. Date of Birth 2d August 1876

4. Place of Birth (Street and Number) 190 Montgomery st

5. Full Name of Mother Allen Margaretha Heinrichs

6. Mother's Maiden Name Allen Margaretha Bruehl

7. Mother's Birthplace Baltimore

8. Full Name of Father Christoph Jacob Heinrichs

9. Father's Occupation Merchant

10. Father's Birthplace Bremen Germany

Name of Medical Attendant, or other Person who makes this Return. C. A. Weidmann M D

Address 120 Park st. Baltimore

Remarks

RETURN OF A BIRTH.

13000

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Charles Otis Smick, Jr

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Aug. 3. 76.
4. Place of Birth (Street and Number)	Forrest St
5. Full Name of Mother	Frances Tendrick (Ann Bronson) Smick
6. Mother's Maiden Name	Tendrick (Brouson)
7. Mother's Birthplace	Balt.
8. Full Name of Father	Wm Smick
9. Father's Occupation	Huckster
10. Father's Birthplace	Balt-
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	186 Aisquith St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13001

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth 3 August

4. Place of Birth (Street and Number) West Lombard near Gilmor

5. Full Name of Mother Emilie Gutheil

6. Mother's Maiden Name Emilie Engelhausen

7. Mother's Birthplace Baltimore

8. Full Name of Father Otto Gutheil

9. Father's Occupation Merchant

10. Father's Birthplace Düsseldorf

Name of Medical Attendant, or other Person who makes this Return. Dr F. Reinhard

Address 24 W Fayette Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

13002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (~~state whether~~ Male ~~or Female~~)	
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	August 3rd 1876.
4. Place of Birth (Street and Number)	265 Lexington St.
5. Full Name of Mother	Mary B. Gilford
6. Mother's Maiden Name	Mary B. Dodge.
7. Mother's Birthplace	Richland County Wisconsin.
8. Full Name of Father	Harry Gilford.
9. Father's Occupation	Collector
10. Father's Birthplace	New York N.Y.
Name of Medical Attendant, or other Person who makes this Return.	John J. R. Krozer M.D.
Address	" "
Remarks	City

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13003

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 1st 1876.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 3rd 1876.
4. *Place of Birth (Street and Number)* 3 Washington St
5. *Full Name of Mother* Lizzie Müller.
6. *Mother's Maiden Name* Lizzie Eiring.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Mike Müller.
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 Wolfe St

Remarks //

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13004

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 3d /76.
4. Place of Birth (Street and Number)	Bank st. No. 165
5. Full Name of Mother	Cathern Schneider
6. Mother's Maiden Name	" Jefferson
7. Mother's Birthplace	Germ
8. Full Name of Father	John Schneider
9. Father's Occupation	Laborer
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Midwife
Remarks	320 Allice Anna st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13005

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 3d Aug. 1876.

4. Place of Birth (Street and Number) 125 High St.

5. Full Name of Mother Katherine Grace

6. Mother's Maiden Name Chase

7. Mother's Birthplace U. States of America

8. Full Name of Father James Grace

9. Father's Occupation Laborer

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Bombard St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 3. 1876
4. Place of Birth (Street and Number)	323½ Penna Ave
5. Full Name of Mother	Mary Cathcart
6. Mother's Maiden Name	" Winders
7. Mother's Birthplace	Carroll Co Md
8. Full Name of Father	Jos. W. Cathcart
9. Father's Occupation	Dairyman
10. Father's Birthplace	Hartford Co Md.
Name of Medical Attendant, or other Person who makes this Return.	W. Fakemp MD
Address	55 N Greene St.
Remarks	

advise at the birth of any child within the city of [illegible] registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13007

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

' of Mother (state whether 1st, 2d, 3d, &c)	
te whether Male or Female)	Lived [illegible]
Color (if not of the white race)	Colored
Birth	[illegible] 3:d [illegible]
Birth (Street and Number)	no 29 Caroline St
me of Mother	Susan [illegible]
Maiden Name	
s Birthplace	Ft Cosmore Md
ame of Father	—
s Occupation	[illegible]
s Birthplace	[illegible]
of Medical Attendant, or other Person who makes this Return.	[illegible]
ss	
rks	

rect Record of Vital Statistics in the City of Baltimore.

physician, accoucheur, midwife, or other person in charge, who shall attend, as

Baltimore, shall report to the

13008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colloid

3. Date of Birth Aug 3

4. Place of Birth (Street and Number) 30 short st

5. Full Name of Mother Sophia pilsan

6. Mother's Maiden Name Sophia rimran

7. Mother's Birthplace Baltimore

8. Full Name of Father [redacted] Richard rimran

9. Father's Occupation dripe arabes pagon

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs leah [illegible]

Address no 32 short st

Remarks healthy child

That any physician, accouch[illegible], midwi[illegible], or [illegible] person [illegible]urge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, sh[illegible] report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 3
4. Place of Birth (Street and Number)	No 85 Madison Street
5. Full Name of Mother	Rebecca Cursley
6. Mother's Maiden Name	Rebecca Michel
7. Mother's Birthplace	Virginia
8. Full Name of Father	John Cursley
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 16 Harford Ave
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13010

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 3rd
4. Place of Birth (Street and Number)	10 Columbia St
5. Full Name of Mother	Mary Klingenhofer
6. Mother's Maiden Name	Alfaster
7. Mother's Birthplace	Kurhessen
8. Full Name of Father	Ernst Klingenhofer
9. Father's Occupation	Baker
10. Father's Birthplace	Kur Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Krohn
Address	528 S Eutaw St.
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 3rd 1876
4. Place of Birth (Street and Number)	Baltimore Eutaw Street No. 291
5. Full Name of Mother	Catherine Kelley
6. Mother's Maiden Name	Odea
7. Mother's Birthplace	County Galway Ireland
8. Full Name of Father	Peter Kelley
9. Father's Occupation	Works at the Sugar house
10. Father's Birthplace	County Galway Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Seabrough
Address	No. 236 Montgomery St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13012

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d,
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 3d, 1876
4. Place of Birth (Street and Number)	176 E. Fayette Street
5. Full Name of Mother	Marie Thompson
6. Mother's Maiden Name	M. Neils
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J A. Thompson
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimor Md.
Name of Medical Attendant, or other Person who makes this Return.	M. R. Rudiger
Address	134 N. Bond St.
Remarks	

13013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* August 3rd 1876

4. *Place of Birth (Street and Number)* 134 Saratoga St.

5. *Full Name of Mother* Sarah Jane Carroll

6. *Mother's Maiden Name* Sarah Jane Finegan

7. *Mother's Birthplace* Elkton Md.

8. *Full Name of Father* Thomas Peter Carroll

9. *Father's Occupation* Laborer.

10. *Father's Birthplace* Dublin, Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane F Winneberger

Address 23 N. Liberty

Remarks

HEALTH DEPT. NOV 6 1876 BALTIMORE

13014

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Aug 3rd 1876
4. Place of Birth (Street and Number) 20 N. Gilmor
5. Full Name of Mother Flora Skinner
6. Mother's Maiden Name " Stansbury
7. Mother's Birthplace Md
8. Full Name of Father Thos. Skinner
9. Father's Occupation Clerk
10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

John Moore
5 Franklin St

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	[illegible] 11 [illegible]
1. Sex (state whether Male or Female)	Male Colored
2. Race or Color (if not of the white race)	
3. Date of Birth	August 4th 3
4. Place of Birth (Street and Number)	Baltimore [illegible]
5. Full Name of Mother	Elisabeth Mitchell
6. Mother's Maiden Name	Elizabeth [illegible]
7. Mother's Birthplace	Baltimore [illegible]
8. Full Name of Father	Thomas Mitchell
9. Father's Occupation	Steward
10. Father's Birthplace	Talbot [illegible]
Name of Medical Attendant, or other Person who makes this Return.	Lena Walker
Address	
Remarks	

HEALTH DEPARTMENT 1915 BALTIMORE

13016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 2 August

4. Place of Birth (Street and Number) 37 Barnes Str.

5. Full Name of Mother Marie Sott

6. Mother's Maiden Name Mika

7. Mother's Birthplace Hayek Bohemia

8. Full Name of Father Josef Sott

9. Father's Occupation Tailor

10. Father's Birthplace Husa Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad.

Address No 20 Barnes Str.

Remarks

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 4th 1876
4. Place of Birth (Street and Number)	273 Forest St
5. Full Name of Mother	Sedonia Snyder
6. Mother's Maiden Name	Sedonia Harmeyer
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Joseph Snyder
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Silas W. Hunter M.D.
Address	111 Greenmount Ave.
Remarks	

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Rules of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12015

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh Ch
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 4 1916
4. Place of Birth (Street and Number)	No 12 Balt St Balto
5. Full Name of Mother	Mary Dever
6. Mother's Maiden Name	" Cody
7. Mother's Birthplace	Ireland
8. Full Name of Father	Lawrence Dever
9. Father's Occupation	Stonecutter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J H Pattison M D
Address	25 Franklin "
Remarks	Balto

13019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Aug 4th 1876
4. Place of Birth (Street and Number) 397 Olive Ann str
5. Full Name of Mother Maria Gallner
6. Mother's Maiden Name Steghofener
7. Mother's Birthplace Germany
8. Full Name of Father Franz Gallner
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13020

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 4th 1876
4. Place of Birth (Street and Number)	267 Aliceanna St.
5. Full Name of Mother	Anna Maria Nelson
6. Mother's Maiden Name	Hasselmacht
7. Mother's Birthplace	Germany
8. Full Name of Father	George Nelson
9. Father's Occupation	Ship Joiner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm E Buchmann
Address	120 Bank St.
Remarks	

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 24 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Dark
3. Date of Birth	Aug. 4th 1876
4. Place of Birth (Street and Number)	108 Belcher alley
5. Full Name of Mother	Catharine Blenden
6. Mother's Maiden Name	" Berry
7. Mother's Birthplace	Maryland
8. Full Name of Father	James Blenden
9. Father's Occupation	Seaboner
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. M. Hall M.D.
Address	266 Sharp st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13022

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	— Nine —
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 4th 1876
4. Place of Birth (Street and Number)	No 282 Penn St. Cor Lancaster
5. Full Name of Mother	Elizabeth Weykamen
6. Mother's Maiden Name	Elizabeth Peper
7. Mother's Birthplace	Germany
8. Full Name of Father	Gerhard Weykamen
9. Father's Occupation	Saloon Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Thomas R. Evans. M. D
Address	No 18 Jackson Square
Remarks	Balto Md

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	4 Aug. 1876
4. Place of Birth (Street and Number)	10 East St.
5. Full Name of Mother	Mary Smith
6. Mother's Maiden Name	
7. Mother's Birthplace	U. States of America
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Frank Cooper
Address	52 Eastland St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1302 11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	4th Aug. 1876
4. Place of Birth (Street and Number)	61 High St.
5. Full Name of Mother	Ellen Davis
6. Mother's Maiden Name	Lyons
7. Mother's Birthplace	U. States of America
8. Full Name of Father	D. H. Davis
9. Father's Occupation	Architect
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Jacob Cooper
Address	52 Oakland St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13025

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	August 4th 1876
4. *Place of Birth* (Street and Number)	Highland Street
5. *Full Name of Mother*	Elizabeth Emma Zimmerman
6. *Mother's Maiden Name*	Elizabeth Eilers
7. *Mother's Birthplace*	Hanover Germany
8. *Full Name of Father*	Bernard Zimmerman
9. *Father's Occupation*	Tailor.
10. *Father's Birthplace*	Hanover Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mr. M. F. Bill.
Address	No 181 S. Central Avenue near Monument St.
Remarks	All Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13026

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
18
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 4th 1876
4. *Place of Birth (Street and Number)* N 121 N Bond St
5. *Full Name of Mother* Louisa A. Nunn
6. *Mother's Maiden Name* Louisa A. Crook
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Stephen E. Nunn
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Harford Co Maryland

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 114 Park Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13027

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 5th 1876.

HEALTH DEPARTMENT AUG 4 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* August 4th, 1876.
4. *Place of Birth* (Street and Number) 44. Burgh St.
5. *Full Name of Mother* Katie Opfer.
6. *Mother's Maiden Name* Katie Meinsheim.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Opfer.
9. *Father's Occupation* Schoolmaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 137 Wolfe St

Remarks

13028

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 4th 1876
4. Place of Birth (Street and Number)	142 Register St
5. Full Name of Mother	Saloma Justina Weitzel
6. Mother's Maiden Name	Saloma Justina Bonnett
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Martin Weitzel
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park Avenue
Remarks	Still Born 8 Months Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13029

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1916
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Born August 1 A
4. Place of Birth (Street and Number)	At 31 Cambridge st
5. Full Name of Mother	Mary Hodges
6. Mother's Maiden Name	Mary Angel
7. Mother's Birthplace	Germany
8. Full Name of Father	George T Hodges
9. Father's Occupation	Presser
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Peterson Park Avenue
Remarks	

RETURN OF A BIRTH.

130.30

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 4th 1876
4. *Place of Birth (Street and Number)* 94 N. Carey St
5. *Full Name of Mother* Mary Louisa Crowell
6. *Mother's Maiden Name* " " Hays
7. *Mother's Birthplace* Halifax
8. *Full Name of Father* M. Wilson Crowell
9. *Father's Occupation* Sea Captain
10. *Father's Birthplace* Barrington, Nova Scotia

Name of Medical Attendant, or other Person who makes this Return C. H. Williams M.D

Address 201 Madison Ave

Remarks

Penal Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13031

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Aug 4
4. Place of Birth (Street and Number) [illegible] Constitution St
5. Full Name of Mother Ellen Donehue
6. Mother's Maiden Name Kiley
7. Mother's Birthplace Ireland
8. Full Name of Father Daniel Donehue
9. Father's Occupation Beer wagon Driver
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address No 16 Harford Ave

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13032

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 4th
4. Place of Birth (Street and Number)	Mary Donnelly Hillman St
5. Full Name of Mother	Welsh
6. Mother's Maiden Name	Ireland
7. Mother's Birthplace	"
8. Full Name of Father	John Donelly
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 16 Hanford Ave
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 Child.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White race,
3. Date of Birth the 4 of August 1876.
4. Place of Birth (Street and Number) No 4, 86 Penciovan,
5. Full Name of Mother Justenia Kuiel,
6. Mother's Maiden Name Justenia Schoutz.
7. Mother's Birthplace in Germeny.
8. Full Name of Father Freadrich Kuiel
9. Father's Occupation a Baker
10. Father's Birthplace in Germeny.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

130311

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex* (state whether Male or Female) Female Co
2. *Race or Color* (if not of the white race) Of the Colored race
3. *Date of Birth* August 4 1876
4. *Place of Birth* (Street and Number) No 183 Hill st between Sharp & Howard Sts
5. *Full Name of Mother* Mary Jane Lester
6. *Mother's Maiden Name* Mary Jane Wells
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* George W Lester
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Somerset County Md

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address No 103 Hamburg Street

Remarks ———

RETURN OF A BIRTH.

13033

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth August 4th 1876.

4. Place of Birth (Street and Number) 213 West Lombard St.

5. Full Name of Mother Mary Adler.

6. Mother's Maiden Name Mary Ostermeyer.

7. Mother's Birthplace Germany

8. Full Name of Father Abraham S. Adler.

9. Father's Occupation Merchant.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. John F. X. Fitzgerald M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1.30.36

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 4 d, 1876
4. Place of Birth (Street and Number)	E. Lumbert Street 219
5. Full Name of Mother	Sophie Schniell
6. Mother's Maiden Name	S. Nutz
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Friedrig Schniell
9. Father's Occupation	Coeller
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 N. Bond St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13037

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 4th 1876
4. Place of Birth (Street and Number)	No 350 Eager st
5. Full Name of Mother	Sophia Hummler
6. Mother's Maiden Name	Sophia Fischer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Hummler
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lena Hillegeist
Address	No 182 E Monument st
Remarks	

13038

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 4 1876
4. Place of Birth (Street and Number)	Baltimore No 36 Tyan st
5. Full Name of Mother	Bredget Nolan
6. Mother's Maiden Name	Bredget McHugh
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Nolan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Katharine Sunbon J.
Address	West Lenth St 439
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13039

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Fourth of August
4. Place of Birth (Street and Number)	No 162 Mulberry St.
5. Full Name of Mother	Mary E. Carstens
6. Mother's Maiden Name	Mary E Tunker
7. Mother's Birthplace	Kingdom of Hanover Germany
8. Full Name of Father	John Henry Carstens
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Kingdom of Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumbler No 160 W Pleasant St
Address	
Remarks	

HEALTH DEPARTMENT AUG 6 1876 BALTIMORE

RETURN OF A BIRTH.

130140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 5th 1876
4. Place of Birth (Street and Number)	No 121 S. Register st
5. Full Name of Mother	Mary Elizabeth Taylor
6. Mother's Maiden Name	Sabroff
7. Mother's Birthplace	City
8. Full Name of Father	James Taylor
9. Father's Occupation	Police officer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Brashmann
Address	120 Bank st
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 5th Aug. 1876

4. Place of Birth (Street and Number) 80 Spring St.

5. Full Name of Mother Mary Schulz

6. Mother's Maiden Name Michel

7. Mother's Birthplace U. States of America

8. Full Name of Father H. Schulz

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

190112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 25 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 5 - 1876
4. Place of Birth (Street and Number)	42 East Street
5. Full Name of Mother	Mrs. Laura Birckhead
6. Mother's Maiden Name	" Smith
7. Mother's Birthplace	Baltimore, Md
8. Full Name of Father	Mr. Nathaniel Birckhead
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mr. M. Hayward
Address	
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13043

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
NOV
15
1976
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 5th August
4. *Place of Birth* (Street and Number) Corner Monroe & Lexington Street
5. *Full Name of Mother* Bertha Schneider
6. *Mother's Maiden Name* Bertha Krause
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Schneider
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Osnabrück

Name of Medical Attendant, or other Person who makes this Return. Dr. F Reinhard

Address 224 W Fayette Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

130411

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Third

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* August 3rd

4. *Place of Birth* (*Street and Number*) 351 Chase St. (East)

5. *Full Name of Mother* Elizabeth Gennaud

6. *Mother's Maiden Name* Soldan

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Robt Henry Gennaud

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Carroll Co

Name of Medical Attendant, or other Person who makes this Return. R. E. Stein, M.D.

Address 195 N. Eden St.

Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13043

HEALTH DEPARTMENT
AUG
15
1876
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth ~~June~~ Agust 5

4. Place of Birth (Street and Number) Ramsay St 188

5. Full Name of Mother Mary Ledley

6. Mother's Maiden Name Mary Vincent

7. Mother's Birthplace Baltimore

8. Full Name of Father Alexander Ledley

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McHenery St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

130116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 5
4. Place of Birth (Street and Number)	184 Bank St.
5. Full Name of Mother	Maria Engel
6. Mother's Maiden Name	" Dennish
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Engel
9. Father's Occupation	Butler
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 5
4. Place of Birth (Street and Number)	354 Caroline St
5. Full Name of Mother	Catharina Williams
6. Mother's Maiden Name	" Müller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Williams
9. Father's Occupation	Mill hand
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	" 289 S. Bond St
Remarks	

13045

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 5th 1876
4. Place of Birth (Street and Number)	103 S Exeter St
5. Full Name of Mother	Cornelia Ziegler
6. Mother's Maiden Name	Cornelia Devaughn
7. Mother's Birthplace	Virginia
8. Full Name of Father	Richard Ziegler
9. Father's Occupation	Sugar Refiner
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell MD
Address	1½ S Exeter St
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

130149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Meale

2. Race or Color (if not of the white race) White

3. Date of Birth Born datday August 5th

4. Place of Birth (Street and Number) 38 f hamburg Street

5. Full Name of Mother Mary virginia Lemont

6. Mother's Maiden Name Mary virginia Adams

7. Mother's Birthplace Baltimore

8. Full Name of Father James Edward Lemont

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marier goodman

Address

Remarks

RETURN OF A BIRTH.

13050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh 7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th August
4. Place of Birth (Street and Number)	No 18 Monroe St
5. Full Name of Mother	Rebecka Elliott
6. Mother's Maiden Name	" Johnson
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Elliott
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Horrigan
Address	No 112 Scott Street
Remarks	

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

Penal Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13051

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 '76 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 5th 1876.
4. Place of Birth (Street and Number)	77 Warner St.
5. Full Name of Mother	Augusta Friesner.
6. Mother's Maiden Name	" Baker
7. Mother's Birthplace	Germany.
8. Full Name of Father	Marcus Friesner.
9. Father's Occupation	Machinist.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	158 Sharp St.
Remarks	Child living & well developed

13052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) [redacted] 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Whit
3. Date of Birth Aug 5
4. Place of Birth (Street and Number) 37 Bond St
5. Full Name of Mother Susan Montgomery
6. Mother's Maiden Name Torney
7. Mother's Birthplace Baltimore
8. Full Name of Father John Montgomery
9. Father's Occupation Huxter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address No 16 Harford Ave

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13053.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	~~White~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Augs
4. Place of Birth (Street and Number)	34 Hillen St.
5. Full Name of Mother	Ann Stedman
6. Mother's Maiden Name	Casey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard Stedmen
9. Father's Occupation	Police Officer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Sherman
Address	No 16 Harford Ave
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

130511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No: of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 5, 1876
4. Place of Birth (Street and Number)	No 69 Hamburg St
5. Full Name of Mother	Mary Hanson
6. Mother's Maiden Name	Mary Wallace
7. Mother's Birthplace	Md
8. Full Name of Father	Oliver Hanson
9. Father's Occupation	Mechanic
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D
Address	69 Hamburg St
Remarks	

13055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 5th 1876
4. Place of Birth (Street and Number)	No 26 Walsh st
5. Full Name of Mother	Mary Kahl
6. Mother's Maiden Name	Carr
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Kahl
9. Father's Occupation	Shoe — maker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Schmidt
Address	No 476 Penn ave.
Remarks	

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13056

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	336 Durham Street
4. Place of Birth (Street and Number)	Aug 11 5 d.
5. Full Name of Mother	Marie Flemming
6. Mother's Maiden Name	M. Arschbach
7. Mother's Birthplace	Germane
8. Full Name of Father	Friedrig Flemming
9. Father's Occupation	Schumaker
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	M. R. Rudriger
Address	134 n. Bond Street
Remarks	

13057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 5th 1896
4. Place of Birth (Street and Number)	54 S. Ann St.
5. Full Name of Mother	Josie Annie Thompson
6. Mother's Maiden Name	Anne Baker
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John R. Thompson
9. Father's Occupation	Pilot
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	John S. Lynch M.D.
Address	194 E. Pratt St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother.

Fee: Record of Vital Statistics in the City of Baltimore.

13058

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 25th 1876
4. Place of Birth (Street and Number)	No. 136 Greenmount st
5. Full Name of Mother	Helean Friedrich
6. Mother's Maiden Name	Helean Winkler
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Friederich
9. Father's Occupation	Grocery
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Hena Hillegeist
Address	No 182 E Monument st
Remarks	

AUG 8 1876 BALTIMORE

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13059

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 5th of august 1876
4. Place of Birth (Street and Number) Baltimore Maryland 213 Scotlst
5. Full Name of Mother Elizebeth Wells
6. Mother's Maiden Name Elizebeth Arnold
7. Mother's Birthplace Baltimore maryland
8. Full Name of Father Augustas wells
9. Father's Occupation Machineryst
10. Father's Birthplace Baltimore maryland

Name of Medical Attendant, or other Person who makes this Return. K. Sunbury

Address 439 West Lexington

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 August 1876
4. *Place of Birth (Street and Number)* 30 S. Wolf St.
5. *Full Name of Mother* Anna Mary Koehlein
6. *Mother's Maiden Name* Anna Mary Bernecker
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Nicholas Koehlein
9. *Father's Occupation* Jeweler
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. M. Leesterer

Address

Remarks 23 S. Durham St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 5th 1876
4. Place of Birth (Street and Number)	71 W. Riddle St
5. Full Name of Mother	Eliza Pleitner
6. Mother's Maiden Name	nee Dettman
7. Mother's Birthplace	Germany
8. Full Name of Father	Karl Pleitner
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Wesenzehl Midwife
Address	220 Preston St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Aug 6th 1876
4. Place of Birth (Street and Number) 150 Madeira Alley.
5. Full Name of Mother Lena
6. Mother's Maiden Name " Kentner
7. Mother's Birthplace Germany
8. Full Name of Father Ludwig Kühenmeister
9. Father's Occupation Cooper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth August 6th 1876
4. Place of Birth (Street and Number) Fort McHenry Md
5. Full Name of Mother Louisa J. S. Meister
6. Mother's Maiden Name Louisa J. S. Muehlstein
7. Mother's Birthplace Pittsburg Penn
8. Full Name of Father Henry F. Meister
9. Father's Occupation Soldier
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Margaret Erdel.

Address Cutia Str. Locust Point Baltimore Md

Remarks

Peer Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

131611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 6th 1916
4. Place of Birth (Street and Number)	Nicholson Street Locust Point
5. Full Name of Mother	Virginia Thomas
6. Mother's Maiden Name	Virginia Thomas
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Lewis Thomas
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Margaret Erdel
Address	Cuba Street Locust Point Baltimore City
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13065

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth August 6. 76.

4. Place of Birth (Street and Number) Belair Road

5. Full Name of Mother Louise Nelson

6. Mother's Maiden Name " Langmann

7. Mother's Birthplace Baltimore

8. Full Name of Father George Nelson

9. Father's Occupation Horse-raiser

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return, Cäcilie Bernstein

Address 113 E. Lombard str

Remarks —

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 6th 1876
4. Place of Birth (Street and Number)	No. 189 Gist St
5. Full Name of Mother	Virginia Nelson
6. Mother's Maiden Name	Virginia Roberts
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alexander Nelson
9. Father's Occupation	Labourer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address	No 19½ South Chester St
Remarks	Healthy Child

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13067

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 376 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Aug 6
4. Place of Birth (Street and Number)	178 Mulberry st
5. Full Name of Mother	Millie Lee
6. Mother's Maiden Name	Millie Cook
7. Mother's Birthplace	Virginia
8. Full Name of Father	Johny Cook
9. Father's Occupation	Laborer
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Callie Lyle
Address	247 Orleans st
Remarks	

13068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Femal
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Aug 6th
4. Place of Birth (Street and Number)	108 N. Spring st
5. Full Name of Mother	Mary Turner
6. Mother's Maiden Name	Mary Lee
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Benj Turner
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto Md
Name of Medical Attendant or other Person who makes this Return.	Sallie Lyon 247 Orleans st
Address	
Remarks	

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d. Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	—
3. Date of Birth	August 6th 1876.
4. Place of Birth (Street and Number)	82 Ridgely St.
5. Full Name of Mother	Ellen Author.
6. Mother's Maiden Name	" Forance
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	James Henry Author.
9. Father's Occupation	Engineer
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Butler. M. D. & R. J. N. Tall. M. D.
Address	158 S. Sharp St.

Remarks Child lived 24 hours after delivery, delivered with forceps —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13070

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 6th 1876.

4. Place of Birth (Street and Number) # 219 S Wolfe St F.P.

5. Full Name of Mother Annie Stein Ruppelt

6. Mother's Maiden Name Annie Stein

7. Mother's Birthplace America

8. Full Name of Father Conrad Ruppelt.

9. Father's Occupation Broom Maker

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address #178 S Chapel St, F.P.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13071

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth Agust 6

4. Place of Birth (Street and Number) Lemon St No 8

5. Full Name of Mother Cathren Caulfield

6. Mother's Maiden Name Cathren Rashford

7. Mother's Birthplace Ireland

8. Full Name of Father James Caulfield

9. Father's Occupation Labourer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days, thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13072

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6. August
4. *Place of Birth (Street and Number)* E. Fayette st 368
5. *Full Name of Mother* Francisca Jorfek
6. *Mother's Maiden Name* Blahowa
7. *Mother's Birthplace* Kocoradech in Bohemia
8. *Full Name of Father* Wenzl Jorfek
9. *Father's Occupation* shoemaker
10. *Father's Birthplace* Vojtechow in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Koplich

Address 69 N. Washington st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13073

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Aug 6th 1876
4. *Place of Birth* (Street and Number)	No 39 Breck all.
5. *Full Name of Mother*	Elise Wright
6. *Mother's Maiden Name*	Mudoch
7. *Mother's Birthplace*	America
8. *Full Name of Father*	George Wright
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrasser midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

13074

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	6 of August
4. Place of Birth (Street and Number)	Lederhall. St N 150.
5. Full Name of Mother	Lizzie Kümert
6. Mother's Maiden Name	Lizzie Dewarly
7. Mother's Birthplace	Island
8. Full Name of Father	Johnnas Kümert
9. Father's Occupation	Laborer.
10. Father's Birthplace	Island
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St N. 128
Remarks	

[illegible] Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Neglect.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13075

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 6th 1876
4. Place of Birth (Street and Number)	#158 Hudson St
5. Full Name of Mother	Rachel Reynolds
6. Mother's Maiden Name	Rachel Wunder
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Reynolds
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Smith
Address	# 435 Alice Anna St
Remarks	

13076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Baltimore August 6 1876
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 6 Bethell street Between Fleet and Aliceanna st
4. *Place of Birth (Street and Number)* No 194
5. *Full Name of Mother* Ethnie Smith
6. *Mother's Maiden Name* Annie stewart.
7. *Mother's Birthplace* Fredrickburgh Va
8. *Full Name of Father* William Smith
9. *Father's Occupation* steveder
10. *Father's Birthplace* anneraundle County

Name of Medical Attendant, or other Person who makes this Return.

Address No [illegible]16 Dunkinalley

Remarks Betsey Mondowney

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Aug 6
4. Place of Birth (Street and Number)	Collison Court
5. Full Name of Mother	Leah Myers
6. Mother's Maiden Name	Steward
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm Myers
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 16 Harford Ave
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 6th 1876
4. Place of Birth (Street and Number) No. 243 Linden Avenue.
5. Full Name of Mother Emma Estelle Israel
6. Mother's Maiden Name Emma Estelle Bird.
7. Mother's Birthplace Baltimore City
8. Full Name of Father Phillip Hiss Israel
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. H. Starr M.D.

Address No. 16 N. Liberty St Balt.

Remarks Premature birth of six months, born alive and lived forty two hours. All the membranes were beautifully entire. with placenta attached.

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13079

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 6th 1876.
4. Place of Birth (Street and Number)	Pine st.
5. Full Name of Mother	Susan M Robins
6. Mother's Maiden Name	Susan M Keith.
7. Mother's Birthplace	England
8. Full Name of Father	Mark A Robins
9. Father's Occupation	Foreman in a Shoe Factory
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	John L Pennington M.D.
Address	98 N Greene st.
Remarks	

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, natixity, and residence of the parents, and the maiden name of the mother of such child or children.

13080

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
9
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 of August
4. Place of Birth (Street and Number)	126 Granby Street
5. Full Name of Mother	Kathrin. Munch
6. Mother's Maiden Name	Kathrin Ohene
7. Mother's Birthplace	Granby Street
8. Full Name of Father	Conrad Munch
9. Father's Occupation	Baker
10. Father's Birthplace	Germy
Name of Medical Attendant, or other Person who makes this Return.	Sophia Simon
Address	No 70 Granby
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics of the City of Baltimore.

13081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (~~state whether~~ *1st,* ~~*2d, 3d, &c.*~~)

1. Sex (~~*state whether Male or*~~ *Female*)

2. Race or Color (~~*if not of the white race*~~)

3. Date of Birth August 6th 4 30 am.

4. Place of Birth (*Street and Number*) 27 Fawn St

5. Full Name of Mother Emma Horstmier

6. Mother's Maiden Name " King

7. Mother's Birthplace Baltimore

8. Full Name of Father John G Horstmier

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Gregg Shertzer MD.

Address " S. High St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penal Record of Vital Statistics in the City of Baltimore.

HEALTH DEPARTMENT BALTIMORE CITY

RETURN OF A BIRTH.

13082

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	136 Penna. Avenue
4. Place of Birth (Street and Number)	Aug. 6th 1876.
5. Full Name of Mother	Williamina Rozella Allenbaugh
6. Mother's Maiden Name	Christopher
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Charles Thomas Allenbaugh
9. Father's Occupation	Plumber
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~229 Light~~ Aug 6th 1876
4. *Place of Birth (Street and Number)* 229 Light St
5. *Full Name of Mother* Margaret E Stanton
6. *Mother's Maiden Name* Thompson
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Michael A Stanton
9. *Father's Occupation* Finisher
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Carney

Address 76 S Paca St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13081

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
9
1876
BALTIMORE

No. of Child of Mother (~~*state whether 1st,* 2d, *3d, &c.*~~)	
1. *Sex* (~~*state whether Male or* Female~~)	
2. *Race or Color* (~~*if not of the* white race~~)	
3. *Date of Birth*	August 6th 76.
4. *Place of Birth* (Street and Number)	693 N Baltimore St.
5. *Full Name of Mother*	Carrie Gilbert.
6. *Mother's Maiden Name*	Carrie Watkins,
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	Harry C. Gilbert, M.D.
9. *Father's Occupation*	
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	John L. P. Hagan M.D
Address	City
Remarks	

RETURN OF A BIRTH.

13085

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
12
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Augt 29 76. 1876
4. Place of Birth (Street and Number)	175 Sterling Ct.
5. Full Name of Mother	Kathrine Laulenschlager
6. Mother's Maiden Name	K. Vogel Schmit
7. Mother's Birthplace	Baltimor M. D
8. Full Name of Father	Adam Laulenschlager
9. Father's Occupation	Potsmaker
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	M R. Rudiger
Address	134 N. Bondstrt
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Records of Vital Statistics in the City of Baltimore.

13086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 1st 1876
4. Place of Birth (Street and Number)	No 173 Washington ave
5. Full Name of Mother	Anna Leonard
6. Mother's Maiden Name	Anna Gibbons
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Leonard
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Fry
Address No 173	South Exeter St
Remarks	Healthy child

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Aug. 7th 1876
4. *Place of Birth (Street and Number)* 111 Albemarle
5. *Full Name of Mother* Agnes Powers
6. *Mother's Maiden Name* " Daley
7. *Mother's Birthplace* Boston Massachusetts
8. *Full Name of Father* John George Powers
9. *Father's Occupation* Carter
10. *Father's Birthplace* Ellicott City Maryland

Name of Medical Attendant, or other Person who makes this Return. J. G. Dauschman D

Address 27 N. Broadway

Remarks

13088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 17th 1876

4. Place of Birth (Street and Number) 4 1/2 Holland St

5. Full Name of Mother Frances Archer

6. Mother's Maiden Name " Henricks

7. Mother's Birthplace New York

8. Full Name of Father Catal Archer

9. Father's Occupation Carpenter

10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. Mme Ulbig

Address 1 48 Holland St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13059

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE DEPARTMENT AUG 14 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 7th 1876
4. Place of Birth (Street and Number)	Baltimore Clifford st No 10
5. Full Name of Mother	Mary Frazier
6. Mother's Maiden Name	Louis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Frazier
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	103 Poppleton st.
Remarks	

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 7th 1876
4. Place of Birth (Street and Number)	516 N Bond St
5. Full Name of Mother	Elizabeth A Carter
6. Mother's Maiden Name	" George
7. Mother's Birthplace	Virginia
8. Full Name of Father	~~Isaac~~ Isaac F Carter
9. Father's Occupation	Plasterer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 N Donogh St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 7th
4. Place of Birth (Street and Number)	Walker St
5. Full Name of Mother	Emma Barnes
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Barnes
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Horigan
Address	N 112 Scott St
Remarks	

13092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
19
876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 1st 1876
4. *Place of Birth (Street and Number)* No 204 Chase st
5. *Full Name of Mother* Mary B. Bertrand
6. *Mother's Maiden Name* Mary B H Huttmann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Bertrand
9. *Father's Occupation* Plaster
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hena Hilbgeist

Address No 182 E Monument st

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13093

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
8
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Aug 7th 1876.
4. Place of Birth (Street and Number)	29 Pearl St.
5. Full Name of Mother	Mary Hart
6. Mother's Maiden Name	M. Lehayne
7. Mother's Birthplace	Baltimore
8. Full Name of Father	W. Hart
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Worrell
Address	36 Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13094

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* negro
3. *Date of Birth* Aug 7. 1876
4. *Place of Birth (Street and Number)* 234 Biddle
5. *Full Name of Mother* Sarah Robinson
6. *Mother's Maiden Name* Smith
7. *Mother's Birthplace* St Mary's County
8. *Full Name of Father* Lewis Robinson
9. *Father's Occupation* Barber
10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brown M.D

Address 20 E. Biddle St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vect Record of Vital Statistics in the City of Baltimore.

No 100

13095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 te

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth August 7. 1876

4. Place of Birth (Street and Number) South Channelstr No 26

5. Full Name of Mother Louise Morgareth

6. Mother's Maiden Name Louise Krügemann

7. Mother's Birthplace Bramse Hanover

8. Full Name of Father Herrmann Morgareth

9. Father's Occupation Tailor

10. Father's Birthplace Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Ms. Johanna Braunach

Address South Wolfstr No 28

Remarks Midwife

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13096.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 '76 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether ~~Male~~ or Female)*

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* August 7: 1876.

4. *Place of Birth (Street and Number)* No [redacted] W. Baltimore St.

5. *Full Name of Mother* Bertha Solomon

6. *Mother's Maiden Name* " Coblen

7. *Mother's Birthplace* Europe

8. *Full Name of Father* Saml. Solomon

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. L. Skinner MD

Address 379 W Lombard St

Remarks

Effect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13097

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	7th of August.
4. Place of Birth (Street and Number)	48 Cross Street.
5. Full Name of Mother	Lizzie Wintram.
6. Mother's Maiden Name	Lizzie Asher.
7. Mother's Birthplace	Baltimore. Maryland.
8. Full Name of Father	Andrew Wintram.
9. Father's Occupation	Labor.
10. Father's Birthplace	Baltimore Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park Avenue
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13098

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thee Childern

1. Sex (state whether Male or Female) Tow Female One Male
2. Race or Color (if not of the white race) White
3. Date of Birth on the 7 of August
4. Place of Birth (Street and Number) No 422 Saratoga Stree
5. Full Name of Mother Mrs Barbary Hildner
6. Mother's Maiden Name Mrs Barbary Gugel
7. Mother's Birthplace in Germany
8. Full Name of Father Mr Adam Hildner
9. Father's Occupation Cooper
10. Father's Birthplace in Germany, in George Gugel

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumler 60 Schorter

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 7th 1876
4. Place of Birth (Street and Number) # 65 Castle St.
5. Full Name of Mother Margerett Dowd
6. Mother's Maiden Name Margeret Craven
7. Mother's Birthplace Ireland
8. Full Name of Father Martin Dowd
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address # 435 Alice Anna St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13.000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	7 of august
4. Place of Birth (Street and Number)	Baltimore city no 8 & 8 William st
5. Full Name of Mother	Ellen H. Odonovan
6. Mother's Maiden Name	Ellen H Fahey
7. Mother's Birthplace	Ireland
8. Full Name of Father	Peter Odonovan
9. Father's Occupation	Can Cleaner
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Conway
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth aug 7
4. Place of Birth (Street and Number) 151 lowe st
5. Full Name of Mother Kate Benison
6. Mother's Maiden Name Kate Blake
7. Mother's Birthplace Baltimore
8. Full Name of Father noah Benison
9. Father's Occupation waiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mr lear Johnson

Address no 32 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Rule of Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13102

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Bird Ward No 2 August 7th 1876.

4. Place of Birth (Street and Number)

5. Full Name of Mother Margaretta Snyder

6. Mother's Maiden Name Margaretta Brethauer

7. Mother's Birthplace Baltimore. Md.

8. Full Name of Father John Snyder

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns.

Address 114 Baltimore St.

Remarks

RETURN OF A BIRTH.

13103

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Aug 7th 1876

4. *Place of Birth* (Street and Number) 89 Mosher St

5. *Full Name of Mother* Mary F. White

6. *Mother's Maiden Name* Wallingsford

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* George M. White

9. *Father's Occupation* Book binder

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louis Fawcett

Address 93 Mosher St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Perfect Record of Vital Statistics in the City of Baltimore.

1391011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child,

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* 7th of August 1876,
4. *Place of Birth (Street and Number)* No 53 Wagaad st,
5. *Full Name of Mother* Kate Fay,
6. *Mother's Maiden Name* Kate Warrad,
7. *Mother's Birthplace* in Ireland
8. *Full Name of Father* Thomas Fay,
9. *Father's Occupation* a Bucket maker,
10. *Father's Birthplace* in Ireland

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelsinger

Address No 14 Union st

Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 8th 1876.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth August 7th 1876.
4. Place of Birth (Street and Number) 277 Durham St.
5. Full Name of Mother Annie Lowcorb.
6. Mother's Maiden Name Annie Falker.
7. Mother's Birthplace Germany
8. Full Name of Father Charley Lowcorb
9. Father's Occupation Laborer.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No. 137 Wolfe St

Remarks —

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13106

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 7 August 1876

4. Place of Birth (Street and Number) #2 N. Chappel St.

5. Full Name of Mother Kathrina Roth

6. Mother's Maiden Name Kathrina Bergman

7. Mother's Birthplace Bavaria

8. Full Name of Father Frank Roth

9. Father's Occupation Laborer

10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. M. Lederer

Address #23 S Durham St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, ~~&c.~~)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth August 7th, 1876
4. Place of Birth (Street and Number) 18 Walsh St
5. Full Name of Mother Maria Theresa Carr
6. Mother's Maiden Name " " Dempsey
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph H Carr
9. Father's Occupation Clerk
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. John Morris

Address 5 Franklin St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Male 4th
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	May 7th 1876
4. Place of Birth (Street and Number)	No 290 S Wolf st.
5. Full Name of Mother	Maria Kate Adams
6. Mother's Maiden Name	" Shaeffer
7. Mother's Birthplace	Germany.
8. Full Name of Father	John Adams
9. Father's Occupation	Cutler
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 7th 1876
4. Place of Birth (Street and Number)	1778 Bond st.
5. Full Name of Mother	Kate Kerner
6. Mother's Maiden Name	" Reichart
7. Mother's Birthplace	Germany
8. Full Name of Father	John Kerner
9. Father's Occupation	Cutter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 7th 1876
4. Place of Birth (Street and Number)	350 Eastern Ave.
5. Full Name of Mother	Anna Catherina Horst
6. Mother's Maiden Name	" " Spanner
7. Mother's Birthplace	Germany
8. Full Name of Father	John Horst
9. Father's Occupation	Baker
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Buchmann
Address	126 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
12
1876
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Dark brown
3. Date of Birth	August 8t 1876
4. Place of Birth (Street and Number)	Pennsylvania av House not No.
5. Full Name of Mother	Sally Ringold
6. Mother's Maiden Name	Sally Cromwell
7. Mother's Birthplace	Eastern Shore Md
8. Full Name of Father	John Ringold
9. Father's Occupation	Laborer
10. Father's Birthplace	St Mary's Co Md
Name of Medical Attendant, or other Person who makes this Return.	B F Bohrer M D
Address	Cor of Dolphin & Rayst
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 8. 76.
4. Place of Birth (Street and Number)	87 Woodward B
5. Full Name of Mother	Mary Emler
6. Mother's Maiden Name	Krian
7. Mother's Birthplace	
8. Full Name of Father	Henry Emler
9. Father's Occupation	Saddler
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Louis M. Eastman
Address	87 Lexington B
Remarks	

SEP 14 1876 BALTIMORE

13113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8th August
4. *Place of Birth (Street and Number)* 236 N. Dallas St.
5. *Full Name of Mother* Marie Schtreib
6. *Mother's Maiden Name* Schäffer
7. *Mother's Birthplace* Jackson Germania
8. *Full Name of Father* T. Schtreib
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Hesen Germania

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 20 Barnes St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

131114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8th August 1876
4. Place of Birth (Street and Number) 1 S. Durham St.
5. Full Name of Mother Catherina Bach
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore
8. Full Name of Father Bach
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. M. Lederer

Address #23 S Durham St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth August 8th 1876.

4. Place of Birth (Street and Number) No 9 N Carey St.

5. Full Name of Mother Sarah Myers.

6. Mother's Maiden Name Sarah Bowman.

7. Mother's Birthplace Balto City.

8. Full Name of Father Lewis Myers

9. Father's Occupation Cabinet Maker

10. Father's Birthplace Baden Germany

Name of Medical Attendant, or other Person who makes this Return. Thos. J. A. Boyd M.D.

Address City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1311.6

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
9
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 of August
4. Place of Birth (Street and Number)	37 Pratt Street
5. Full Name of Mother	Anna Hahn
6. Mother's Maiden Name	Linnie
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Hahn
9. Father's Occupation	None
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	No 70 Granby Street
Remarks	

13117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* collard
3. *Date of Birth* Aug 8
4. *Place of Birth (Street and Number)* no 20 jupp alley
5. *Full Name of Mother* anne Arkins
6. *Mother's Maiden Name* annie Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* tomarf arkins
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs lear fatimrar

Address no 32 short

Remarks healthy child

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13118
13119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd. Twins
1. Sex (state whether Male or Female)	Male and Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug. 8 th 1876
4. Place of Birth (Street and Number)	No 335 S. Charles st
5. Full Name of Mother	Anna Fitsch
6. Mother's Maiden Name	Seeberger
7. Mother's Birthplace	Germany
8. Full Name of Father	John Fitsch
9. Father's Occupation	Stonecutter
10. Father's Birthplace	Francek
Name of Medical Attendant, or other Person who makes this Return.	J. Lohnaeser midwife
Address	213 Cross st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 8
4. Place of Birth (Street and Number)	No 11 Schakespear St
5. Full Name of Mother	Mina Kühne
6. Mother's Maiden Name	" Stahl
7. Mother's Birthplace	Hannover
8. Full Name of Father	Frederick Kühne
9. Father's Occupation	Ice Cream Making
10. Father's Birthplace	Hannover
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

Fee Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Aug 8th 76
4. Place of Birth (Street and Number)	56 St Paul
5. Full Name of Mother	Rebecca ~~Gibson~~ Miles
6. Mother's Maiden Name	" Wilson
7. Mother's Birthplace	Eastern Shore Md
8. Full Name of Father	Robt Miles
9. Father's Occupation	Barber
10. Father's Birthplace	Eastern Shore Md
Name of Medical Attendant, or other Person who makes this Return.	Jessie Duffy
Address	56 St Paul
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

13122

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August . 8 . 1876
4. Place of Birth (Street and Number)	135 Montgomery St Balti all 9
5. Full Name of Mother	Kate Armstrong
6. Mother's Maiden Name	Kate Burton
7. Mother's Birthplace	Tippecanoe Co. Indiana
8. Full Name of Father	James. W. Armstrong.
9. Father's Occupation	Furniture Dealer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr. M. R. Laskey
Address	115 Hanburg St
Remarks	all is doing Well

Fees Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1.312.2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 8. 1876
4. Place of Birth (Street and Number)	88 Warner
5. Full Name of Mother	Mary Fritzger
6. Mother's Maiden Name	Taylor
7. Mother's Birthplace	Balto
8. Full Name of Father	Charles F Fritzger
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W F A Kemp
Address	55 N Green St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children -

13124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August the 8 1876

4. Place of Birth (Street and Number) Washington st No 2003

5. Full Name of Mother Edelaide Elliotte

6. Mother's Maiden Name Edelaide Turner

7. Mother's Birthplace Windham Venin

8. Full Name of Father John B Elliotte

9 Father's Occupation Stavedore

10. Father's Birthplace N Johns N B

Name of Medical Attendant, or other Person who makes this Return. Ann E Ball

Address No [redacted] Chester No 171

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born alive or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* August 8/1876
4. *Place of Birth* (Street and Number) 23 morgis alley
5. *Full Name of Mother* mary Johnson
6. *Mother's Maiden Name* mary Robinson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph Johnson
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Hester Bond

Address no 75 orchard Street

Remarks

1.3126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Aug 8th 1876
4. Place of Birth (Street and Number)	48 Clay Street
5. Full Name of Mother	Mary Richter
6. Mother's Maiden Name	Mary Bolb
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ernst Richter
9. Father's Occupation	Woodingraveur
10. Father's Birthplace	Prussian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

V3127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
19
876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 8th 1876
4. *Place of Birth (Street and Number)* No 29 Hazard st
5. *Full Name of Mother* Elizabeth Pundt
6. *Mother's Maiden Name* Elizabeth Mueller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Pundt
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jena Hilleyeist

Address No 182 G Monument st

Remarks

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red Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13125

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	M. F.
2. Race or Color (if not of the white race)	N.
3. Date of Birth	Aug. 8th 76
4. Place of Birth (Street and Number)	Chase & Ann
5. Full Name of Mother	Anna Brooks
6. Mother's Maiden Name	Anna Doud
7. Mother's Birthplace	Balt.
8. Full Name of Father	Shadrack Brooks
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	186 Aisquith Str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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13129.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 8th 1876
4. Place of Birth (Street and Number)	276 Hartford St.
5. Full Name of Mother	Ida Virginia Gordon
6. Mother's Maiden Name	" " Starr
7. Mother's Birthplace	Balto. City
8. Full Name of Father	William Joseph Gordon
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Geo. K. Hayson M.D.
Address	18 Aisquith St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August th 8th 1876
4. Place of Birth (Street and Number)	No 80 Henrietta Street
5. Full Name of Mother	Hanna Schütze
6. Mother's Maiden Name	" " Pflieger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wilhelm Schütze
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 dist Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 8th 1876
4. *Place of Birth (Street and Number)* E. Monument St. No 229
5. *Full Name of Mother* Louise Hofferbert
6. *Mother's Maiden Name* Louise Ley
7. *Mother's Birthplace* Baselorf. Gr. Hessen Germany
8. *Full Name of Father* Philipp Hofferbert
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Bischofsheim Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St No 26

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

13132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 8th 1876
4. *Place of Birth* (Street and Number) Hampstead St. No, 62
5. *Full Name of Mother* Bertha Katharina Luerssen
6. *Mother's Maiden Name* Bertha Katharina Niemann
7. *Mother's Birthplace* Lange. Kr. Preussen Germany
8. *Full Name of Father* Johann V. Luerssen
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Ritterhuden Kr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No, 26

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	August 8th 1876
3. Date of Birth	
4. Place of Birth (Street and Number)	124 Jefferson St
5. Full Name of Mother	Elizabeth J Mowbray
6. Mother's Maiden Name	" " Smart
7. Mother's Birthplace	Maryland
8. Full Name of Father	John M Mowbray
9. Father's Occupation	Maryland
10. Father's Birthplace	Shoemaker
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 McDonogh St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13134

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Aug 8th 1876
4. *Place of Birth* (Street and Number)	#184 Washington Ave FO
5. *Full Name of Mother*	Lucy Powell Altvater
6. *Mother's Maiden Name*	Lucy Powell
7. *Mother's Birthplace*	Amherst
8. *Full Name of Father*	Conrad Altvater
9. *Father's Occupation*	Bill Poster
10. *Father's Birthplace*	Amherst
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	#178 Chapel St FO
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12133

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 8th,
4. Place of Birth (Street and Number)	64 Clem n.
5. Full Name of Mother	Mary Jeffries
6. Mother's Maiden Name	Mary Frampton
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Cincinnatus Jeffries
9. Father's Occupation	Printer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	John F. Monmonier M.D.
Address	S. W. Cor. Calvert & Read
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth Aug. 8th 1876.
4. Place of Birth (Street and Number) E. Fayette St.
5. Full Name of Mother Fanny B. Vain
6. Mother's Maiden Name " " Smith
7. Mother's Birthplace Balt. Med.
8. Full Name of Father James H. C. Vain
9. Father's Occupation Butcher
10. Father's Birthplace Norfolk Va.

Name of Medical Attendant, or other Person who makes this Return. G. Glanville Rusk M.D.

Address Balt. & Wash Sts

Remarks Natural

rect, Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord
3. Date of Birth august the 8
4. Place of Birth (Street and Number) ~~[illegible]~~ No 17 Norris alley
5. Full Name of Mother Nis enley f bond
6. Mother's Maiden Name lisey gohnson
7. Mother's Birthplace baltimore
8. Full Name of Father Nister freland bond
9. Father's Occupation g lobring Worck
10. Father's Birthplace harford conley

Name of Medical Attendant, or other Person who makes this Return.

Address Sharlet goldsbarey No 19 norrsaley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

131 35

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 8th Aug. 1876
4. *Place of Birth (Street and Number)* 1 Walker St.
5. *Full Name of Mother* Lizzie Kerr
6. *Mother's Maiden Name* Dut
7. *Mother's Birthplace* United States of America
8. *Full Name of Father* Henry Kerr
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Carter

Address 52 Edmondson Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) —

3. Date of Birth 8th Aug 1876

4. Place of Birth (Street and Number) 138 Saratoga St.

5. Full Name of Mother Lizzie Calner

6. Mother's Maiden Name Wolk

7. Mother's Birthplace Germany

8. Full Name of Father Henry Calner

9. Father's Occupation Restaurant Keeper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 8th 1876
4. Place of Birth (Street and Number)	No. 28 Abbeys all.
5. Full Name of Mother	Mary Sneider
6. Mother's Maiden Name	Herberich
7. Mother's Birthplace	Germany.
8. Full Name of Father	Louis ~~John~~ Sneider
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. L. Schroesser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13141

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 9th 1876
4. Place of Birth (Street and Number)	No 363 Cor. Broadway & Eden St.
5. Full Name of Mother	Annie Bailey
6. Mother's Maiden Name	Annie Leonhardt.
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	Wilson Bailey.
9. Father's Occupation	Confectionary
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Butt.
Address	No 181 Nor. Central Av. near Monument St.
Remarks	Alive.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

13142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Aug 9. 1876

4. Place of Birth (Street and Number) 431 E Eages St

5. Full Name of Mother Malvina M. Holloway

6. Mother's Maiden Name Malvina M. Miller

7. Mother's Birthplace Elkton Md

8. Full Name of Father J. H. Holloway

9. Father's Occupation Clerk

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. B. F. Herman

Address 175 N. Carey St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Girl Baby
2. Race or Color (if not of the white race) Colford Child
3. Date of Birth August 9th 1876
4. Place of Birth (Street and Number) Bruce Street
5. Full Name of Mother Tewire turner
6. Mother's Maiden Name Same turner
7. Mother's Birthplace dont Know
8. Full Name of Father dont Know
9. Father's Occupation none
10. Father's Birthplace none

Name of Medical Attendant, or other Person who makes this Return. none

Address Caroline Jones No 22 Stockton alley

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13/1141

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 9th.
4. Place of Birth (Street and Number)	129 South Paca St.
5. Full Name of Mother	Augusta Ohlmeyer
6. Mother's Maiden Name	" Muthert
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	D. H. Ohlmeyer
9. Father's Occupation	Importer
10. Father's Birthplace	Bremen, Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr Henry Salzer
Address	165 W. Lombard St.
Remarks	Henry Salzer

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 9
4. Place of Birth (Street and Number)	227 E. Pratt St.
5. Full Name of Mother	Margaret Sanford
6. Mother's Maiden Name	Ciel
7. Mother's Birthplace	Richmond co. Va.
8. Full Name of Father	I. B. Sanford
9. Father's Occupation	Waterman
10. Father's Birthplace	West Moreland co. Va.
Name of Medical Attendant, or other Person who makes this Return.	Robt Mansfield M.D.
Address	19 E Broadway
Remarks	

RETURN OF A BIRTH.

13116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 14 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 9 1876
4. Place of Birth (Street and Number)	East Madison st near Durham
5. Full Name of Mother	Kate Taylor
6. Mother's Maiden Name	Kate Sunderland
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Edward C Taylor
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	
Address	Amanda Hanna
Remarks	323 East Monument st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
SEP
20
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 9th August 1876.
4. *Place of Birth* (Street and Number) 437. Cross St.
5. *Full Name of Mother* Mary Dear.
6. *Mother's Maiden Name* Mary Hanegen
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John Dear.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner

Address No 29. Elizabeth Lane.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

131115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 9th 1876
4. Place of Birth (Street and Number)	# 124 Duncan Alley
5. Full Name of Mother	Emily Frazier
6. Mother's Maiden Name	Emily Beebe
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Henry Frazier
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	# 435 Alice Anna St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child,

1. Sex (state whether Male or Female) Male,
2. Race or Color (if not of the white race) Color race,
3. Date of Birth the 9 of August 1876,
4. Place of Birth (Street and Number) No 60. Sartoger st,
5. Full Name of Mother Mot Mareget,
6. Mother's Maiden Name Bosea,
7. Mother's Birthplace in harved county,
8. Full Name of Father Whillim F,
9. Father's Occupation baby maker,
10. Father's Birthplace dont know,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Aug 9th
4. Place of Birth (Street and Number)	146 Dallas St
5. Full Name of Mother	Anna Carroll Smith
6. Mother's Maiden Name	
7. Mother's Birthplace	Maryland
8. Full Name of Father	George Carroll
9. Father's Occupation	Brick yard
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Ursula G Chrismer
Address	No 16 Hanford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13151

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth Aug 9 1876
4. Place of Birth (Street and Number) Welch St. No 4
5. Full Name of Mother Lizzie Maud
6. Mother's Maiden Name " "
7. Mother's Birthplace Virginia
8. Full Name of Father Richard Drone
9. Father's Occupation Coachman
10. Father's Birthplace Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return. J. H. Scarff M.D.

Address N. E. Cor. Paca & Fayette St.

Remarks (Non Est)

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13152

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth 5th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth August the 7th 1876
4. Place of Birth (Street and Number) No 632 W. Pratt St
5. Full Name of Mother Ellen Quinn
6. Mother's Maiden Name Ellen Murphy
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father William Quinn
9. Father's Occupation Labourer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach Mid Wife

Address No 429 West Pratt St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 9. August
4. Place of Birth (Street and Number) Andrichti St & No 6
5. Full Name of Mother Katharina Song
6. Mother's Maiden Name Katharina Sorgewine
7. Mother's Birthplace Hewan
8. Full Name of Father Charlis Song
9. Father's Occupation Taglöhner
10. Father's Birthplace Henan

Name of Medical Attendant, or other Person who makes this Return. Walburger Müller

Address Stirling St No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13154

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 9 August

4. Place of Birth (Street and Number) 46 Exeter Street

5. Full Name of Mother Elize Hunt

6. Mother's Maiden Name Backmann

7. Mother's Birthplace Germany

8. Full Name of Father Herman Hunt

9. Father's Occupation None

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simonn

Address No 70 Granby Street

Remarks

[illegible] Board of Vital Statistics in the City of Baltimore.

[illegible] accoucheur, midwife, or other person in charge, who shall attend, assist or [illegible] the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, [illegible] six days [illegible] stating distinctly the date of birth, sex, and color of the child or children [illegible] or their physical condition, whether still born or not, the full name, nativity, and residence [illegible] parents, and the maiden name of the mother of such child or children.

13155

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth Agust #9
4. Place of Birth (Street and Number) Cleport St 52
5. Full Name of Mother July Ann Smith
6. Mother's Maiden Name Purper
7. Mother's Birthplace Baltimore
8. Full Name of Father George W Smith
9. Father's Occupation brick maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address Mahenery St 136

Remarks Mother and baby doing well

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1893

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 9
4. Place of Birth (Street and Number)	172 Conway St
5. Full Name of Mother	Augusta Schneider
6. Mother's Maiden Name	Ruff
7. Mother's Birthplace	Prussia
8. Full Name of Father	Louis Schneider
9. Father's Occupation	Tailor Presser
10. Father's Birthplace	Hessendarmstadt
Name of Medical Attendant, or other Person who makes this Return.	Henry Roth
Address	328 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 10th
4. Place of Birth (Street and Number)	521 E Biddle St
5. Full Name of Mother	Laura V Socks
6. Mother's Maiden Name	Laura V Briggs
7. Mother's Birthplace	Balto
8. Full Name of Father	Fredrick Socks
9. Father's Occupation	Carpenter
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Saml S Powell M D
Address	No 29 Aisquith St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13155

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	10 August
4. Place of Birth (Street and Number)	859 Scharp St. A
5. Full Name of Mother	Mary Caron
6. Mother's Maiden Name	Mary Burete
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robbert Caron
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St Nices
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 10th 1876
4. *Place of Birth (Street and Number)* 154 Fremont St.
5. *Full Name of Mother* Mrs. Elizabeth Mary Dayton
6. *Mother's Maiden Name* Mrs. Elizabeth Wolff
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Baltzer Dayton
9. *Father's Occupation* Furniture Dealer
10. *Father's Birthplace* Prince George's County

Name of Medical Attendant, or other Person who makes this Return. A. McE. Cullen

Address 166 S. Paca St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 15th 1876
4. Place of Birth (Street and Number)	No 2 Concord St
5. Full Name of Mother	Margaret Gleason
6. Mother's Maiden Name	Finerty
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Gleason
9. Father's Occupation	Meat Cleaner
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Shreiner
Address	No 16 Harford Ave
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1.3161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
10
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 10th 1876
4. Place of Birth (Street and Number)	63 E. Madison St.
5. Full Name of Mother	Susan Callahan
6. Mother's Maiden Name	Susan Kindall
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	William Callahan
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter M.D.
Address	111 Greenmount Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13162

HEALTH DEPARTMENT
AUG
17

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th August
4. Place of Birth (Street and Number)	81 North Amity street
5. Full Name of Mother	Caroline Carl
6. Mother's Maiden Name	Caroline Brauer
7. Mother's Birthplace	Grossherzogthum Hessen
8. Full Name of Father	Charles Carl
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Grossherzogthum Hessen
Name of Medical Attendant, or other Person who makes this Return	Mrs Catharine Seebuck
Address	439 west Pratt-st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 6th child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 10. of August
4. Place of Birth (Street and Number) Baltimore Bond street [illegible]
5. Full Name of Mother Margaret ~~C~~ McCollough
6. Mother's Maiden Name Margaret Gourley
7. Mother's Birthplace Ireland
8. Full Name of Father John McCollough
9. Father's Occupation porter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Gury

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

131641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) "

3. Date of Birth August 10th

4. Place of Birth (Street and Number) No 8 North Arlington Avenue

5. Full Name of Mother Eliza Flynn

6. Mother's Maiden Name Eliza Coughlin

7. Mother's Birthplace Dublin Ireland

8. Full Name of Father Michael Flynn

9. Father's Occupation Sand Contractor

10. Father's Birthplace Carlow Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm Dumbla

Address No 60 North Schroeder Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13165

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Color
3. Date of Birth 10 of aug
4. Place of Birth (Street and Number) Peach alley 38
5. Full Name of Mother annia freelant
6. Mother's Maiden Name
7. Mother's Birthplace Kent County M.D.
8. Full Name of Father reason freelant
9. Father's Occupation Drayman
10. Father's Birthplace Cal. Colbert M.D.

Name of Medical Attendant, or other Person who makes this Return. mary Reveres

Address Thamburg Street 209 Balto

Remarks as well as can be expected

...rections of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 Watcoat
4. *Place of Birth (Street and Number)* Aug 10 1876
5. *Full Name of Mother* Mary Collings
6. *Mother's Maiden Name* Mary Wagner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William C Collings
9. *Father's Occupation* Labor
10. *Father's Birthplace* Breisen

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Schmidt

Address 476 S. A

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 10th 1876
4. Place of Birth (Street and Number)	No 135 S Chapel St F.P.
5. Full Name of Mother	Catherine Lynch Gaughern
6. Mother's Maiden Name	Catherine Lynch.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Thomas Gaughern.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms,
Address	#178 S Chapel St F.P.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13165

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	August 10th 1876
4. *Place of Birth* (Street and Number)	242 N Ann St
5. *Full Name of Mother*	Eliza Power
6. *Mother's Maiden Name*	" " Canty
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Nicholas Power
9. *Father's Occupation*	Can Maker
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mary A Mowell
Address	286 N Donegh St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	10th Aug
4. *Place of Birth* (Street and Number)	280 Mc Donough st
5. *Full Name of Mother*	Sarah Elizabeth Bayley
6. *Mother's Maiden Name*	Sarah Elizabeth Hirch
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Thomas Bayley
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Alexandria Va
Name of Medical Attendant, or other Person who makes this Return	Mary A Allwell
Address	286 Mc Donogh st
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Relative to securing full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13170

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 10
4. Place of Birth (Street and Number)	130 W. Henry St
5. Full Name of Mother	Mary Doggard
6. Mother's Maiden Name	" Mursay
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Dougan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Rev. Thos Donegan
Address	112 Scott St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 18th Aug

4. Place of Birth (Street and Number) No 154 Ramsey

5. Full Name of Mother Sophia R Cromwell

6. Mother's Maiden Name " " Bitzel

7. Mother's Birthplace Baltimore

8. Full Name of Father Andrew J Cromwell

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Horrison,

Address 112 Scott St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13172

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth 10th Aug. 76
4. Place of Birth (Street and Number) 281 Lenard Hill ave Balto
5. Full Name of Mother Hellen M Harrison
6. Mother's Maiden Name " " Chewning
7. Mother's Birthplace Va
8. Full Name of Father Benj B. Harrison
9. Father's Occupation Clerk
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. G L Taneyhill

Address 129 W Biddle St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13173

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 4
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Aug. 10. 1876
4. *Place of Birth* (Street and Number)	Harford Road
5. *Full Name of Mother*	Mary Schmick
6. *Mother's Maiden Name*	Mary Stocht
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Christian Schmick
9. *Father's Occupation*	Brewerman
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	129 N. Caroline
Remarks	

HEALTH DEPARTMENT
AUG 14 1876
BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

131711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 10th 1876
4. *Place of Birth (Street and Number)* No 48 Mc Eldry st
5. *Full Name of Mother* Alverter C Bary
6. *Mother's Maiden Name* Alverter C Jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John W Bary
9. *Father's Occupation* ~~Labor~~ Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Killegeist

Address No 1.82 E Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13175

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6. d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth August 10th 1876.

4. Place of Birth (Street and Number) 553. Light Street.

5. Full Name of Mother Babette Silberschmidt

6. Mother's Maiden Name Babette Schmidt.

7. Mother's Birthplace Germany

8. Full Name of Father Samuel Silberschmidt

9. Father's Occupation agent for Life Insurance Co

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune.

Address 114 Battery Av

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13176

HEALTH DEPARTMENT AUG 15 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* august 10
4. *Place of Birth* (Street and Number) ~~place~~ e millmon st 84
5. *Full Name of Mother* Mrs mary E. Taylor
6. *Mother's Maiden Name* mary E Williams
7. *Mother's Birthplace* Washington
8. *Full Name of Father* John W Taylor
9. *Father's Occupation* Porter
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Elizebeth foot

Address

Remarks

13177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Color
3. Date of Birth aug th. 1. 1876
4. Place of Birth (Street and Number) ~~Wane~~ Wayn th. 14. M. D.
5. Full Name of Mother mary thadow
6. Mother's Maiden Name Preston
7. Mother's Birthplace
8. Full Name of Father Joseph Emmanual thadow
9. Father's Occupation driver for doctor
10. Father's Birthplace Howard Conty

Name of Medical Attendant, or other Person who makes this Return. Mrs mary Bevens

Address ~~as well as can be expected~~

Remarks as well as can be expected

Mary Bevens no 209 Hamburg street

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 11th 1876
4. Place of Birth (Street and Number)	217 Chesnut St
5. Full Name of Mother	Mary Brown
6. Mother's Maiden Name	McConnick
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Brown
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula A Chrisner
Address	No 16 Harford Ave
Remarks	

13179

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Ninth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 11th 1876
4. Place of Birth (Street and Number) 140 Harford Ave
5. Full Name of Mother Margaret Forrester
6. Mother's Maiden Name " McCourt
7. Mother's Birthplace Ireland
8. Full Name of Father Robert Forrester
9. Father's Occupation Blacksmith
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Chrismer

Address ~~126~~

Remarks No 116 Harford Ave

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 11th 1876
4. Place of Birth (Street and Number)	138 S. ~~Castle~~ Castle
5. Full Name of Mother	Mary R. Lucas
6. Mother's Maiden Name	Mary R. Meyers
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Geo. Arnold Lucas
9. Father's Occupation	Laborer
10. Father's Birthplace	Westmoreland Co. Va.
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	69 S. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13181

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	~~Female~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 11th 1876
4. Place of Birth (Street and Number)	S Eden St.
5. Full Name of Mother	Belle Fay
6. Mother's Maiden Name	Belle Abrgog.
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Sr. S. Fay.
9. Father's Occupation	Clothier
10. Father's Birthplace	Balto. (Md)
Name of Medical Attendant, or other Person who makes this Return.	P L Emmeman M.D.
Address	73 East Pratt St.
Remarks	

RECEIVED SEP 21 1876 BALTIMORE, MD.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13182

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1876 RECEIVED

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	9th child
1. Sex (*state whether Male or Female*)	female child
2. Race or Color (*if not of the white race*)	colored
3. Date of Birth	august 11 th
4. Place of Birth (*Street and Number*)	cor west and sisabeth
5. Full Name of Mother	elizabeth jacson
6. Mother's Maiden Name	elizabeth campbel
7. Mother's Birthplace	dorchester county
8. Full Name of Father	george jacson
9. Father's Occupation	labourer
10. Father's Birthplace	dorchester county
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Porter
Address	
Remarks	healthy child

13183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 August
4. *Place of Birth (Street and Number)* 48 Barnes St.
5. *Full Name of Mother* Babry Tesar
6. *Mother's Maiden Name* " " Zelenka
7. *Mother's Birthplace* Nehodiv Bohemia
8. *Full Name of Father* Fr. Tesar
9. *Father's Occupation* Blac-Smith
10. *Father's Birthplace* Kaplatin

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No. 20 Barnes St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1318 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 11th 76
4. Place of Birth (Street and Number)	217 Chestnut St.
5. Full Name of Mother	Mary Brown
6. Mother's Maiden Name	Mary McCormack
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Patrick Brown
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Dr. Jno. Brooke Boyle
Address	161 E. Eager St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13185

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth 11 august
4. Place of Birth (Street and Number) No 426 north Gay st
5. Full Name of Mother Elisabeth Jacob
6. Mother's Maiden Name " Wolf
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm M. Jacob
9. Father's Occupation Bakery
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Laurbe Weiß Gebauer

Address No 40 J Fayette st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* August the 11 1876
4. *Place of Birth (Street and Number)* No 25 Carlton St
5. *Full Name of Mother* ~~Sarah~~ Sarah butlar
6. *Mother's Maiden Name* Sarah fisher
7. *Mother's Birthplace* fred rick
8. *Full Name of Father* Jams Butlar
9. *Father's Occupation* Draman
10. *Father's Birthplace* Kent County Md

Name of Medical Attendant, or other Person who makes this Return. Collate Warn Mid Wife

Address 258 raarg St

Remarks

Bureau of Registration of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
16
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 August
4. Place of Birth (Street and Number)	No 4 High Street
5. Full Name of Mother	Caroline Burkhammer
6. Mother's Maiden Name	Kraft
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Burkhammer
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	No 70 Granby Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13188

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 11th 1876
4. *Place of Birth (Street and Number)* 317 Penn Aven
5. *Full Name of Mother* Marcella M Arnold
6. *Mother's Maiden Name* Stanling
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Wm H Arnold
9. *Father's Occupation* Provision Dealer
10. *Father's Birthplace* Balto city

Name of Medical Attendant, or other Person who makes this Return. J H Conney

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13189
13190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d & 4th (Twins.)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th Day of August. 1876.
4. Place of Birth (Street and Number)	S.W. Cor. Lombard St. & Carrollton avenue
5. Full Name of Mother	Caroline, Catherine Young
6. Mother's Maiden Name	— — Ethison
7. Mother's Birthplace	Montgomery County. Md.
8. Full Name of Father	James Dallas Young.
9. Father's Occupation	Fireman. B.O.R.R.Co.
10. Father's Birthplace	Howard County. Md.
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Jumla 60 Schorter
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13194

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 11 d. 1876
4. Place of Birth (Street and Number)	82 Orlien Street
5. Full Name of Mother	Lizabeth Flottes
6. Mother's Maiden Name	L. Schmit
7. Mother's Birthplace	Germane
8. Full Name of Father	Johan Flottes
9. Father's Occupation	Teeler
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie-R. Rüdiger
Address	134 N. Bond Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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3192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	11 Aug. 1876
4. Place of Birth (Street and Number)	33 Market Space
5. Full Name of Mother	Mary Reaves
6. Mother's Maiden Name	Flint
7. Mother's Birthplace	Ireland
8. Full Name of Father	Arthur Reaves
9. Father's Occupation	Restaurant keeper
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 Edmondson St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
14
1876
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Aug 11 1876
4. *Place of Birth* (Street and Number)	No. 84 N. Amity St
5. *Full Name of Mother*	[redacted] Louisa Worden
6. *Mother's Maiden Name*	Louisa Johnes
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	W. C. Worden
9. *Father's Occupation*	Spike Maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Worden
Address	105 N. Amity St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

131944

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 children
1. Sex (state whether Male or Female)	last a girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	born the 11th August 1894
4. Place of Birth (Street and Number)	5 west Lee St
5. Full Name of Mother	Anni Jager
6. Mother's Maiden Name	Anni Heinl
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Heinl
9. Father's Occupation	Laborman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cressentia Kunkel for John Kunkel
Address 11 North Chapel St	
Remarks Healthy	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 11th 76.
4. Place of Birth (Street and Number)	Durham st 253
5. Full Name of Mother	Louisa Kessner
6. Mother's Maiden Name	Knober
7. Mother's Birthplace	Hessen Germ
8. Full Name of Father	Gus Kessner
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Midwife
Remarks	320 Alice Anna st

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 11
4. Place of Birth (Street and Number)	N° 12 Lubrough Street Balt
5. Full Name of Mother	Catherine Knight
6. Mother's Maiden Name	Catherine Foss
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Knight
9. Father's Occupation	Boiler Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or ~~Female~~) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Aug 11th 1876.

4. *Place of Birth* (Street and Number) 104 Chew St.

5. *Full Name of Mother* Mary Catharine Armstrong

6. *Mother's Maiden Name* " " Hardy

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Samuel Smith Armstrong

9. *Father's Occupation* Painter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Grayson M.D.

Address 18 Aisquith St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3te
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 11th 1876
4. Place of Birth (Street and Number)	No 61 Greenmount Ave
5. Full Name of Mother	Anna M. Kaufmann
6. Mother's Maiden Name	Anna M. Stiffling
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Georg Kaufmann
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Henry Hillegeist
Address	No 162 E Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) female fourth Child

1. *Sex (state whether Male or Female)* 3 Boys and one Girl
2. *Race or Color (if not of the white race)* Colard child
3. *Date of Birth* august 11th 1916
4. *Place of Birth (Street and Number)* 1 half Mann Ally
5. *Full Name of Mother* Susan a Quinn
6. *Mother's Maiden Name* Susan a Barnes
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* John h Quinn
9. *Father's Occupation* Stable Workman
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Dophie hinds

Address No 135 Chestnut Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13200

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 11th 1876
4. Place of Birth (Street and Number) N 71 W Centre St
5. Full Name of Mother Mary B. Wilson
6. Mother's Maiden Name Mary Burns
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard C Wilson
9. Father's Occupation Cashier
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D.

Address N 114 Park Ave.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4 Child
1. Sex (state whether ~~Male~~ Female)	
2. Race or Color (if not of the white race	White
3. Date of Birth	Augt 12th 1876
4. Place of Birth (Street and Number)	16 W Federal street
5. Full Name of Mother	Rebeca Kone
6. Mother's Maiden Name	Skipper
7. Mother's Birthplace	Balt County
8. Full Name of Father	J. W. Kone
9. Father's Occupation	Carpenter
10. Father's Birthplace	Indianna
Name of Medical Attendant, or other Person who makes this Return.	L. H. Kone 16 W. Federal St
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 of August
4. Place of Birth (Street and Number)	West St No 173.
5. Full Name of Mother	Mary Flyn
6. Mother's Maiden Name	Mary Quiller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Daniel Quiller
9. Father's Occupation	Laber.
10. Father's Birthplace	County Kerry Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	12 of August
4. Place of Birth (Street and Number)	West St No 224.
5. Full Name of Mother	Sarago Kingans
6. Mother's Maiden Name	Sarago Jena
7. Mother's Birthplace	County Kerry Island
8. Full Name of Father	James Kingans. ~~Labor~~
9. Father's Occupation	Labre.
10. Father's Birthplace	County Kerry Island
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 12th 1876
4. Place of Birth (Street and Number)	230 Central Ave
5. Full Name of Mother	Minna Heimiller
6. Mother's Maiden Name	Nee Braemer
7. Mother's Birthplace	Germany
8. Full Name of Father	William Heimiller
9. Father's Occupation	Coach Trimmer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Meyenkehl
Address	220 Preston St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13205

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 12th 1876
4. Place of Birth (Street and Number)	113 N Exeter St
5. Full Name of Mother	Emma F Linthicum
6. Mother's Maiden Name	Emma F Fowler
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Slingsby Linthicum
9. Father's Occupation	Employ in State Tobacco Warehouse
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	D. Webster Cathell M.D.
Address	112 E Exeter St
Remarks	

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 one

1. Sex (state whether Male or Female) Females
2. Race or Color (if not of the white race) Colloid
3. Date of Birth 12 of august 1876
4. Place of Birth (Street and Number) 214 hannover St
5. Full Name of Mother Sarah Johnson
6. Mother's Maiden Name Sarah Skinner
7. Mother's Birthplace Talbort County
8. Full Name of Father Joseph Jhonson
9. Father's Occupation Whitwasher
10. Father's Birthplace kent island

Name of Medical Attendant, or other Person who makes this Return. Millie gross

Address 3001 hamburge St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13207

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) my Frist

1. Sex (state whether Male or Female) Girdd
2. Race or Color (if not of the white race) Colord
3. Date of Birth Monday 12 [illegible]
4. Place of Birth (Street and Number) Baltimore No 3 Phem. Alley bet Monrgen. Henrietta. St
5. Full Name of Mother Annie. tylar
6. Mother's Maiden Name Annie Johnson
7. Mother's Birthplace Baltimore MD
8. Full Name of Father Phill. Tylar
9. Father's Occupation in the Brick yard and oyster house
10. Father's Birthplace Baltimore MD.

Name of Medical Attendant, or other Person who makes this Return.

Address Annie Rebekea Johnson No 3 Phem Alley. bet Monrgoney St

Remarks A Coffin for A Dead Barnd baby

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 12 1876
4. Place of Birth (Street and Number)	Enson St 122
5. Full Name of Mother	Margaret Agnes Hofman
6. Mother's Maiden Name	Margaret Agnes McGee
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George W Hofman
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	323 East Monument
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 12th 1876
4. *Place of Birth (Street and Number)* 31 East Lombard St.
5. *Full Name of Mother* Anna Ellerbrock
6. *Mother's Maiden Name* Anna Albert
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Bernhard Ellerbrock
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Osnabrueck Germany

Name of Medical Attendant, or other Person who makes this Return. M. Lederer

Address 23. S. Durham St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

132/10

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Third Child

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12th of August
4. *Place of Birth (Street and Number)* No. 33. S. Poppleton Street
5. *Full Name of Mother* Wilhelmenia Vogt
6. *Mother's Maiden Name* Wilhelmenia Rüediger
7. *Mother's Birthplace* Hessen Cassel.
8. *Full Name of Father* Frederick A. Vogt.
9. *Father's Occupation* Carver
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address James Dunlap 66 Saratoga St

Remarks.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13211

BALTIMORE HEALTH DEPARTMENT AUG 16 1876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth 1. August. 1876

4. Place of Birth (Street and Number) 64 Portland str

5. Full Name of Mother Maria Daümmenlaang

6. Mother's Maiden Name M. J. Mönke

7. Mother's Birthplace Gebächt. alt aus Baiern

8. Full Name of Father Abr. Würkman

9. Father's Occupation Gottl. Mönke

10. Father's Birthplace Hammer kreis Oberamerkau

Name of Medical Attendant, or other Person who makes this Return. & Gerstenberger

Address 379 West Pratt

Remarks

13212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART AUG 17 1876 BALTIMO

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 12th 1876.
4. *Place of Birth (Street and Number)* N. Bend St. No 88.
5. *Full Name of Mother* Friederike A. Wudell
6. *Mother's Maiden Name* Friederike A. Walschen
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich Wudell.
9. *Father's Occupation* Box maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13213

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* August 12th 1876.

4. *Place of Birth* (Street and Number) Calvert Place & W. Madison st.

5. *Full Name of Mother* Dora Allen

6. *Mother's Maiden Name* Dora Kaspar

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Henry A. Allen

9. *Father's Occupation* Professor of Music

10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Jno Dalton M.D.

Address 261 Madison Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That ahy physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or hot, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1.32.111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 12th
4. Place of Birth (Street and Number)	S. Broadway
5. Full Name of Mother	Rosella Baf
6. Mother's Maiden Name	Rosella Fay
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Charles Bass
9. Father's Occupation	Merchant
10. Father's Birthplace	Europe
Name of Medical Attendant, or other Person who makes this Return.	F. S. Timmerow M.D.
Address	73 East Pratt St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 12
4. Place of Birth (Street and Number)	alley 2nd St No 220
5. Full Name of Mother	Caroline Cramer
6. Mother's Maiden Name	" Gerlach
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Cramer
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 284 S. Bad St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13216

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 25 1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~August Ann~~ 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) colord

3. Date of Birth ~~Aug 12 1876~~ Aug 12 1876

4. Place of Birth (Street and Number) 54 Wells alley

5. Full Name of Mother Rachel Watson

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father John H Watson

9. Father's Occupation Labring Work

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Charles Gallaway nurse

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] wife, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifte head of
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	dark
3. Date of Birth	ougust 12
4. Place of Birth (Street and Number)	allens al No 11
5. Full Name of Mother	Jesebeen Slokom
6. Mother's Maiden Name	/
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Slokom
9. Father's Occupation	X
10. Father's Birthplace	Morlond dorchester County
Name of Medical Attendant, or other Person who makes this Return.	Aloe Choplin M Nigh
Address	6 S Dallos
Remarks	/

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

Extract Regulations of the Board of Health to secure the true and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13215

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 15 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	August 12th 1876
4. Place of Birth (Street and Number)	No 31 S. Castle St.
5. Full Name of Mother	Margaretha Weis.
6. Mother's Maiden Name	" Stölle.
7. Mother's Birthplace	Germany.
8. Full Name of Father	John Weis.
9 Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Hoffmann
Address	No. 29 S. Wolf St.
Remarks	

13319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Children

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth born the 1st of August 1876

4. Place of Birth (Street and Number) 61 North Wolfe st

5. Full Name of Mother Elisabeth Buchart

6. Mother's Maiden Name Elisabeth Smidt

7. Mother's Birthplace Pensylvania

8. Full Name of Father John Smidt

9. Father's Occupation Editor of a paper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North chappel st for John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13220

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two Children

1. Sex (state whether Male or Female) last a girl

2. Race or Color (if not of the white race) White

3. Date of Birth born the 12th of August 1876

4. Place of Birth (Street and Number) 87 North chappel st

5. Full Name of Mother Marian Kertal

6. Mother's Maiden Name Marian Neri

7. Mother's Birthplace Baltimore

8. Full Name of Father John C. Neri

9. Father's Occupation Labor man

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 71 North chappel st for John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth August 12th 1876
4. Place of Birth (Street and Number) 190 Columbia Ave
5. Full Name of Mother Mary Knecht
6. Mother's Maiden Name " Kaiser
7. Mother's Birthplace Balto Md
8. Full Name of Father Jno. Knecht
9. Father's Occupation Superintendent
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Md

Address 577 W. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13222

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	12th Aug. 76
4. Place of Birth (Street and Number)	402 Oliver, cor of Charles
5. Full Name of Mother	Emma A. ~~Kraft~~ Bean
6. Mother's Maiden Name	" " Kraft
7. Mother's Birthplace	Md
8. Full Name of Father	Thos L. Bean
9. Father's Occupation	merchant
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	G L Tanyhill M.D.
Address	129 N Bond St
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13223

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th August, 1876. at 2h 30m a. m.
4. Place of Birth (Street and Number)	No 12 Baker St, Balto. City.
5. Full Name of Mother	Sarah Thornton Freeman
6. Mother's Maiden Name	Sarah Thornton
7. Mother's Birthplace	Great Barrington, Massachusetts.
8. Full Name of Father	George Healey Freeman
9. Father's Occupation	Market Stockman
10. Father's Birthplace	Dalton, Massachusetts.
Name of Medical Attendant, or other Person who makes this Return.	Wm. S. Smith M.D.
Address	83 Franklin St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth August 12/76
4. Place of Birth (Street and Number) No 34 Lemon St
5. Full Name of Mother ~~Joseph~~ Josephine Cutagar
6. Mother's Maiden Name Marie Scott St
7. Mother's Birthplace Balto Md
8. Full Name of Father Joseph Cutagar
9. Father's Occupation Printer
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. [illegible] Bean Md

Address 577 W Lombard St

Remarks

13225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 12 Aug 1876

4. Place of Birth (Street and Number) 3 J Lombard St

5. Full Name of Mother Annie Hall

6. Mother's Maiden Name Herman

7. Mother's Birthplace U States of America

8. Full Name of Father Douglas Hall

9. Father's Occupation Cooper

10. Father's Birthplace U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 C Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth, 12 August 1876

4. Place of Birth (Street and Number) 166 Register St.

5. Full Name of Mother Liza Lesh

6. Mother's Maiden Name Miller

7. Mother's Birthplace U. States of America

8. Full Name of Father Henry Lesh

9. Father's Occupation Basket maker

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks —

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13227

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 12th 1876

4. Place of Birth (Street and Number) N. N. Howard St.

5. Full Name of Mother Rosa D. Herman

6. Mother's Maiden Name Rosa D. Oehrl

7. Mother's Birthplace Baltimore

8. Fult Name of Father Henry W. Herman

9. Father's Occupation Saddle & Harness Maker

10. Father's Birthplace Hesse Darmstadt - Germany

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address 1114 Park Ave.

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12228
13278

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third child (3rd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 13th 1876
4. Place of Birth (Street and Number)	224 George street
5. Full Name of Mother	Olivia Jane Carrell
6. Mother's Maiden Name	" " Lawrenson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James M. Carrell
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Winchester – Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. G. Gibbons M. D.
Address	47 Edmondson Avenue
Remarks	

"Very fine child"

~~13153~~
13229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 13th 1876

4. Place of Birth (Street and Number) 9 Argyle Aven

5. Full Name of Mother Sarah E Cowman

6. Mother's Maiden Name Walton

7. Mother's Birthplace Harford Md

8. Full Name of Father Joseph Cowman

9. Father's Occupation Salesman

10. Father's Birthplace A. A. Co Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Carney

Address 76 S Pacaly

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1.32.30

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 13th of August

4. Place of Birth (Street and Number) Federal St

5. Full Name of Mother Alice Justice

6. Mother's Maiden Name Lee

7. Mother's Birthplace Baltimore

8. Full Name of Father James Justice

9. Father's Occupation Teamster

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 36 Cathedral St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1.22.21

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Col'd
3. Date of Birth	august 13 1920
4. Place of Birth (Street and Number)	102 dugan
5. Full Name of Mother	Mary Greenes
6. Mother's Maiden Name	Mary Allen
7. Mother's Birthplace	Balto
8. Full Name of Father	J Greenes
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Florence Nash
Address	
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13232

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child,

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White race

3. Date of Birth the 13 of August 1876,

4. Place of Birth (Street and Number) No 29 Univer st,

5. Full Name of Mother Mary Jenkin,

6. Mother's Maiden Name Mary Schriver,

7. Mother's Birthplace in Gamery

8. Full Name of Father Theredore Jenkin,

9. Father's Occupation Bicher maker,

10. Father's Birthplace in Gamery

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelsinger,

Address No 14 Univer st

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13233

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 17 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 13th 1876
4. Place of Birth (Street and Number)	13 Bolton Street
5. Full Name of Mother	Magie Demmetys
6. Mother's Maiden Name	" " Printz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Karl Demmetys
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catharina Munch
Address	74 Leadenhall Street
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

132344

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st - first
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August Thirteenth
4. Place of Birth (Street and Number)	No. 46 Etting street
5. Full Name of Mother	Mary Sophia Airey
6. Mother's Maiden Name	Mary Sophia Walters
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Airey
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumler
Address	No. 60 N. Schroder street
Remarks	None

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 15th 1876.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth August 13th 1876.
4. Place of Birth (Street and Number) 152 Washington St
5. Full Name of Mother Minnie Bochn.
6. Mother's Maiden Name Minnie Mack
7. Mother's Birthplace Germany
8. Full Name of Father John Bochn
9. Father's Occupation Sailor.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend.

Address No. 137 Wolfe St.

Remarks —

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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13236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 31
4. *Place of Birth (Street and Number)* 73 Wyatt St
5. *Full Name of Mother* Magerethe Heinecke
6. *Mother's Maiden Name* Emmerich
7. *Mother's Birthplace* Baiern
8. *Full Name of Father* Bernhardt Heinecke
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Sachsen

Name of Medical Attendant, or other Person who makes this Return. Mary Kuhn

Address 328 S Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13237

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 13th 1876
4. Place of Birth (Street and Number)	253 Canton Avenue
5. Full Name of Mother	Maggie J Fowler
6. Mother's Maiden Name	" " Johnson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles H Boker
9. Father's Occupation	Ship carpenter
10. Father's Birthplace	Denmark
Name of Medical Attendant, or other Person who makes this Return.	Mrs Hannah Knowles
Address	No 212 Eastern Avenue.
Remarks	

13238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child.
1. Sex (state whether Male or Female)	female.
2. Race or Color (if not of the white race)	white
3. Date of Birth	sunday morning 13
4. Place of Birth (Street and Number)	28 Ellen Mckay.
5. Full Name of Mother	clements. Ellen hardicane
6. Mother's Maiden Name	st
7. Mother's Birthplace	in baltimore.
8. Full Name of Father	tomas Mckay
9. Father's Occupation	laber man
10. Father's Birthplace	born in Irland.
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs M Strong
Remarks	No. 72. Lieutenant Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13239

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 13th 1876
4. Place of Birth (Street and Number)	No 180 S Chapel St. F.P.
5. Full Name of Mother	Lena Bishop Simms
6. Mother's Maiden Name	Lena Bishop
7. Mother's Birthplace	America
8. Full Name of Father	Thomas Simms
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	No 178 S Chapel St F.P.
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

132140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 13th 1876
4. Place of Birth (Street and Number)	51 E Fayette st
5. Full Name of Mother	Mrs Sharp
6. Mother's Maiden Name	—
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Bolton Sharp
9. Father's Occupation	Salesman
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Chas M. North M.D.
Address	84 E Balto Street
Remarks	Natural Labor. 1st Position.

Extract Regulations of the Board of Health relating to Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12,2,111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	1st
1. Sex (*state whether Male or Female*)	M.
2. Race or Color (*if not of the white race*)	W.
3. Date of Birth	Aug. 13th 76.
4. Place of Birth (*Street and Number*)	321 N. Bond St
5. Full Name of Mother	Emma Clark
6. Mother's Maiden Name	Emma Gibbons
7. Mother's Birthplace	Balto
8. Full Name of Father	Noah Clark
9. Father's Occupation	Hydrant Maker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	186 Aisquith St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

132412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	August 13th
4. Place of Birth (Street and Number)	120 Rogester st.
5. Full Name of Mother	Eliza ann Henderson.
6. Mother's Maiden Name	Eliza ann Frazer.
7. Mother's Birthplace	Baltimore Co.
8. Full Name of Father	Joseph Henderson.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Styles.
Address	947 Orleans st
Remarks	

13243

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth ~~No. 4 Prosspect Lane~~ August 13. 1876
4. Place of Birth (Street and Number) No 4 Prosspect Lane
5. Full Name of Mother Margard E. Baynes
6. Mother's Maiden Name Margard E Bumbarger
7. Mother's Birthplace Baltimore
8. Full Name of Father Wiliam H. Baynes
9. Father's Occupation Carpanter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 1 82 E Monument

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

132411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 13th of August
4. Place of Birth (Street and Number) 137 Johnson St
5. Full Name of Mother Charlotte E Barnett
6. Mother's Maiden Name Charlotte E Amey
7. Mother's Birthplace Baltimore
8. Full Name of Father James A Barnett
9. Father's Occupation Caulker
10. Father's Birthplace Bucktown Eastern shore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Conway

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13245

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth 13th August
4. Place of Birth (Street and Number) 213 Eastern Ave.
5. Full Name of Mother Mary Schubert
6. Mother's Maiden Name
7. Mother's Birthplace Germany
8. Full Name of Father Fred. Schubert
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) George William Barn [illegible]

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Race or colors if not of the white
3. Date of Birth date of Birth the 18 of agus
4. Place of Birth (Street and Number) place of Birth street Welcome alley [illegible]
5. Full Name of Mother [illegible] Rachel G Yoos Between Sharp and Hanover
6. Mother's Maiden Name mother Rachel Barn
7. Mother's Birthplace Calbert County
8. Full Name of Father William Barn
9. Father's Occupation father [illegible] [illegible]
10. Father's Birthplace father calbert Co

Name of Medical Attendant, or other Person who makes this Return. Lucy Sebner [illegible]

Address [illegible] [illegible] [illegible] be Between hill and yorke

Remarks Remarks

Baltimore Md

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13217

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	August 13 76.
4. *Place of Birth* (Street and Number)	Henrietta 78½
5. *Full Name of Mother*	Harry Hymann
6. *Mother's Maiden Name*	Simon
7. *Mother's Birthplace*	Poland
8. *Full Name of Father*	Joseph Hymann
9 *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Poland
Name of Medical Attendant, or other Person who makes this Return.	Cäcilie Bernstein
Address	113 E. Lombard st.
Remarks	

Extract from Ordinances of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13248
13249

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first and second
1. Sex (state whether Male or Female)	male and female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Aug 13th 1876
4. Place of Birth (Street and Number)	36 Pearl Street
5. Full Name of Mother	W. A. Lack
6. Mother's Maiden Name	W. A. Stansbury
7. Mother's Birthplace	Carollcounty Md.
8. Full Name of Father	Joseph ~~Lac~~ Lack
9. Father's Occupation	Upholster
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzell
Address	36 Pearl St.
Remarks	

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13230

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13 August
4. Place of Birth (Street and Number)	Baltimore 121 Poppleton Street
5. Full Name of Mother	Sophia Powers
6. Mother's Maiden Name	Sophia Amey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Powers
9. Father's Occupation	Iron Moulder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Mitchell
Address	No 113 South Poppleton St
Remarks	

Return of Births to the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13251

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th August
4. Place of Birth (Street and Number)	Eight St No 401
5. Full Name of Mother	Mina Mayer
6. Mother's Maiden Name	Mina Herr
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Gustav Herr Mayer
9. Father's Occupation	Store
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Aug. 14th 1876
4. Place of Birth (Street and Number)	8 Ensor Court
5. Full Name of Mother	Elizabeth Brown
6. Mother's Maiden Name	" Bailey
7. Mother's Birthplace	Harford County
8. Full Name of Father	William Brown
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Eastern Shore Md
Name of Medical Attendant, or other Person who makes this Return.	Ursula E Schreiner
Address	No 16 Harford Ave
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13253

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 children

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 14. 1876
4. Place of Birth (Street and Number) No 116 Johnson st
5. Full Name of Mother Eleanor Busser
6. Mother's Maiden Name Eleanor Benn
7. Mother's Birthplace Baltimore
8. Full Name of Father G J Busser
9. Father's Occupation Carver
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

Extract Regulations of the Board of Health of the Department of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13254

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 14th 1876
4. Place of Birth (Street and Number) 582 Harford Ave
5. Full Name of Mother Mary C Duffy
6. Mother's Maiden Name " " Rafferty
7. Mother's Birthplace Balto
8. Full Name of Father John Rafferty
9. Father's Occupation Horse Shoer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chrisimer

Address No 16 Harford Ave

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13253

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 14 th of august 1876
4. *Place of Birth (Street and Number)* 191 eastern avenue
5. *Full Name of Mother* jane exton
6. *Mother's Maiden Name* jane hallwath
7. *Mother's Birthplace* england
8. *Full Name of Father* francis exton
9. *Father's Occupation* potter
10. *Father's Birthplace* england

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address chaptank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 14th 1876
4. *Place of Birth (Street and Number)* No. 300 Gay St
5. *Full Name of Mother* Elizabeth Weise
6. *Mother's Maiden Name* Elizabeth Keagle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Weise
9. *Father's Occupation* School Teacher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address 162 E Monument St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13257

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 14th 1876
4. Place of Birth (Street and Number)	25 Wayne st.
5. Full Name of Mother	Julian Smith
6. Mother's Maiden Name	Julian Shiner
7. Mother's Birthplace	Easton Md.
8. Full Name of Father	John Henry Smith
9. Father's Occupation	Huckster
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Jane Winneberger
Address	23 N. Liberty St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	14th Aug 1876.
4. Place of Birth (Street and Number)	181 N. Caroline.
5. Full Name of Mother	Margaret Barbour.
6. Mother's Maiden Name	Margaret Burgan.
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Daniel N. Barbour.
9. Father's Occupation	Hunter
10. Father's Birthplace	Baltimore County.
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	125 N. Caroline st.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13259

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 14th 1876
4. Place of Birth (Street and Number)	Fairstead near Druid H. Park
5. Full Name of Mother	Ellen Whitridge Hendrickson
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John G. Whitridge
9. Father's Occupation	Broker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	P. C. Williams
Address	201 Madison Ave
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13260

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 14th 1876
4. *Place of Birth (Street and Number)* No 57 N Republican
5. *Full Name of Mother* Louisa B. Bowdoin
6. *Mother's Maiden Name* Louisa B. Smith
7. *Mother's Birthplace* North Hampton Cy. Virginia
8. *Full Name of Father* Charles T. Bowdoin.
9. *Father's Occupation* Clerk
10. *Father's Birthplace* North Hampton Cy. Virginia

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address No 114 Park Ave

Remarks

Extract Regulations of the Board of Health of the Mayor and Commissioners of the Department of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 August
4. Place of Birth (Street and Number)	Scott. Stret 12/20
5. Full Name of Mother	Mary Egglein
6. Mother's Maiden Name	Mary McAtee
7. Mother's Birthplace	Ireland
8. Full Name of Father	George Egglein
9. Father's Occupation	Brass Moulder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Mitchell
Address	1123 S. Appleton Stret
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13262

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 14th
4. Place of Birth (Street and Number)	258 Lombard Street
5. Full Name of Mother	Fanny Selden Gephardt Conkling
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Gephardt
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 N Charles St
Remarks	

Extract Regulations of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 14th
4. Place of Birth (Street and Number) 33 Durham st.
5. Full Name of Mother Margareth ~~Wehner~~ Bellman
6. Mother's Maiden Name Margarett Wehner
7. Mother's Birthplace Baussendorf Bavaria
8. Full Name of Father Konrad Bellman
9. Father's Occupation Lobarer
10. Father's Birthplace Staunbach

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Ann Koch

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

132641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 14th
4. Place of Birth (Street and Number)	20 China St
5. Full Name of Mother	Louise Ackerman
6. Mother's Maiden Name	Westerich
7. Mother's Birthplace	Baiern
8. Full Name of Father	Henry Ackerman
9. Father's Occupation	L. Grocery Dealer
10. Father's Birthplace	Kurt Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	228 S Gatow
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13265

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 the of August
4. Place of Birth (Street and Number)	No 26 Gist St
5. Full Name of Mother	Lena Funk
6. Mother's Maiden Name	Lena Mathews
7. Mother's Birthplace	Germane
8. Full Name of Father	George W. Funk
9. Father's Occupation	Labor
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park avnue
Remarks	

13266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth August 15th 1876
4. Place of Birth (Street and Number) No 162 S Caroline st.
5. Full Name of Mother Anna Maria Voll
6. Mother's Maiden Name " " Kaizer
7. Mother's Birthplace Germany
8. Full Name of Father John H. Voll
9. Father's Occupation Mariner
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st.

Remarks

Extract Registration of the Office of Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	August the 15th, 1876.
4. Place of Birth (Street and Number)	258 W. Ann St.
5. Full Name of Mother	Hannah Wilkinson,
6. Mother's Maiden Name	Hannah Kavanagh.
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Alexander Wilkinson.
9. Father's Occupation	Sailor.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Sullivan, M.D.
Address	116 Thames St.
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
17
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 10th 1876.
4. Place of Birth (Street and Number)	S. Ann St.
5. Full Name of Mother	Elizabeth Ford.
6. Mother's Maiden Name	Elizabeth Cannon.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Thomas Ford,
9. Father's Occupation	Police Officer,
10. Father's Birthplace	England.
Name of Medical Attendant, or other Person who makes this Return.	D. M. Sullivan, M.D.
Address	116 Thames St.
Remarks	

in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics

13269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
17
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	15 of August
4. Place of Birth (Street and Number)	Sanctuary St 122.
5. Full Name of Mother	Margareth Wenget.
6. Mother's Maiden Name	Margareth Vogel
7. Mother's Birthplace	Buchenbach in germeney
8. Full Name of Father	Louis Wengert
9. Father's Occupation	Copper
10. Father's Birthplace	Erbary in germeney
Name of Medical Attendant, or other Person who makes this Return.	Mr Martin
Address	York St N 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13270

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 15 of August
4. Place of Birth (Street and Number)	William St. # 14
5. Full Name of Mother	Mary Hammershausen.
6. Mother's Maiden Name	Mary Whitebread
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Hammershausen
9. Father's Occupation	Grocery Store
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mc Martin
Address	West St. # 125
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13271

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth August 15th 1876

4. Place of Birth (Street and Number) No 35 Castle st.

5. Full Name of Mother Maria Pilzer

6. Mother's Maiden Name " Graf

7. Mother's Birthplace City

8. Full Name of Father Frank Pilzer

9. Father's Occupation Turner

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burkmann

Address 120 Bank st.

Remarks

13272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Hirst 5th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	15 August 1876
4. Place of Birth (Street and Number)	Eagerst 185
5. Full Name of Mother	Maria Kozlowsky
6. Mother's Maiden Name	Welenowska
7. Mother's Birthplace	Hradechitz in Boh
8. Full Name of Father	Joseph Kozlowsky
9. Father's Occupation	shoemaker
10. Father's Birthplace	Kwetusky in Boh
Name of Medical Attendant, or other Person who makes this Return.	Mary Koptish
Address	69 N. Washington
Remarks	

Extract Regulations of the Board of Health of the Mayor and Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13273

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 15th 1876
4. Place of Birth (Street and Number)	No 373 Orleans st
5. Full Name of Mother	Winnifred Molvehill
6. Mother's Maiden Name	Winnifred Williams
7. Mother's Birthplace	Ireland
8. Full Name of Father	Frederick Williams
9. Father's Occupation	Gardener
10. Father's Birthplace	Sweden
Name of Medical Attendant, or other Person who makes this Return.	Thomas J. Evans M. D
Address	No 18 Jackson Square
Remarks	Balto Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

132711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd "
1. Sex (state whether Male or Female)	Female -
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 15, 1876 -
4. Place of Birth (Street and Number)	No 169 Carrollton Ave
5. Full Name of Mother	Sarah Francis Woods Sullivan
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Baltimore Md -
8. Full Name of Father	Harry B. Woods
9. Father's Occupation	Employed in Adams Express Co
10. Father's Birthplace	Baltimore Md -
Name of Medical Attendant, or other Person who makes this Return.	John J. King
Address	Edmondson Ave West of Carrollton Ave
Remarks	

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nationality, and residence of the parents, and the maiden name of the mother of such child or children.

13275

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 5th Aug 1876

4. Place of Birth (Street and Number) 38 Cranberry St

5. Full Name of Mother Mary Seibert

6. Mother's Maiden Name Meyer

7. Mother's Birthplace U States of America

8. Full Name of Father Henry Seibert

9. Father's Occupation Hostler

10. Father's Birthplace U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 15 of august 1876
4. Place of Birth (Street and Number) Baltimore. W Baltimore st 767
5. Full Name of Mother Mena Lazarus
6. Mother's Maiden Name Mena hassel
7. Mother's Birthplace ~~Poussia polen~~ Germany
8. Full Name of Father Barnet Lazarus
9. Father's Occupation clothing
10. Father's Birthplace Poussia polen

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Barbara Weiß Gebauer No 40 J Sorgers

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1896
BALTIMORE

No. of Child of Mother (*state whether 1st, ~~2d~~, ~~3d~~, &c.*)

1. Sex (*state whether ~~Male~~ or Female*)

2. Race or Color (*if not of the white race*) P Colard

3. Date of Birth August 15: 1896

4. Place of Birth (*Street and Number*) No 127 Bethel st

5. Full Name of Mother Lulz Thompson

6. Mother's Maiden Name nat Married

7. Mother's Birthplace Virginia

8. Full Name of Father Edward Coates

9. Father's Occupation Unknown

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Florence Md

Address No 23 Bath st

Remarks Non

13278

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
21
1876
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)

1. Sex (*state whether Male or Female*)

2. Race or Color (*if not of the white race*)

3. Date of Birth

4. Place of Birth (*Street and Number*)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13279

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 15th August 1876
4. Place of Birth (Street and Number) 26 Williamson St Balti
5. Full Name of Mother Mary S. Cauth
6. Mother's Maiden Name Mary S. Buckner
7. Mother's Birthplace Lunenburg Co Virginia
8. Full Name of Father William H. Cauth
9. Father's Occupation Iron Moulder
10. Father's Birthplace Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs M. E. Caskey

Address 115 Hamburg St.

Remarks both doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13280

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 d,
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 15th 1876
4. Place of Birth (Street and Number)	312 E. Monument Street
5. Full Name of Mother	Marie L. Schillinger
6. Mother's Maiden Name	M. L. Ketring
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Georg Schillinger
9. Father's Occupation	Undertaker
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 N. Bond Stret
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 16th 1876
4. Place of Birth (Street and Number)	443 Cross Street
5. Full Name of Mother	Maria Wellmer
6. Mother's Maiden Name	" " Fuchs
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm Wellmer
9. Father's Occupation	Locksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13282

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 6th 1876
4. Place of Birth (Street and Number)	315 N. Bond Str.
5. Full Name of Mother	Charlotte L. Rider
6. Mother's Maiden Name	Lovering
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm E. Rider
9 Father's Occupation	Oyster Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charles W. H. Burns M.D.
Address	185 E. Monument St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13253

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 16th 1876
4. Place of Birth (Street and Number)	302 S Shark
5. Full Name of Mother	Annie V Pamphilon
6. Mother's Maiden Name	Kilton
7. Mother's Birthplace	Balto city
8. Full Name of Father	Wesley Pamphilon
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J N Emrey
Address	76 S Paca st
Remarks	

13284

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Aug 16
3. Date of Birth	230 Scott St
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Johanne Schmidt
6. Mother's Maiden Name	Weber
7. Mother's Birthplace	Hessen Darmstadt
8. Full Name of Father	John Schmidt
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	328 S Eutaw St
Remarks	Dall.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Report Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13283

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the second
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 16th
4. Place of Birth (Street and Number)	No 233 N. Broadway
5. Full Name of Mother	Isabella Rothert
6. Mother's Maiden Name	Feigelman
7. Mother's Birthplace	Balto City
8. Full Name of Father	L. Herman Rothert
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	C. J. Kluebert M.D.
Address	222 N. Broadway
Remarks	

RETURN OF A BIRTH.

13286

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 17 '76
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 16th 1876
4. Place of Birth (Street and Number)	38 Granby st
5. Full Name of Mother	Elizabeth Siebert
6. Mother's Maiden Name	Elizabeth Meyer
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry Siebert
9. Father's Occupation	Hotel Dealer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	1½ S Eutaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13287

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 16 of August 1

4. Place of Birth (Street and Number) Ryen St. 25

5. Full Name of Mother Elisabeth Magee

6. Mother's Maiden Name Casada

7. Mother's Birthplace Ireland

8. Full Name of Father Patrick Magee

9. Father's Occupation Coach man

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Mercer

Address 136 Menenon St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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13288

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Boil

2. Race or Color (if not of the white race) White

3. Date of Birth 16 August

4. Place of Birth (Street and Number) 10 Abott St.

5. Full Name of Mother Baby Kallal

6. Mother's Maiden Name Spec.

7. Mother's Birthplace Lukavec

8. Full Name of Father John Kallal

9. Father's Occupation Laborer

10. Father's Birthplace Lukavec

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 2a Barnes St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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13289

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	16th Aug.
4. Place of Birth (Street and Number)	Baltimore, Hughes st 211. between Charles light and
5. Full Name of Mother	Susan Long
6. Mother's Maiden Name	Susan Lee
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Arthur Long
9. Father's Occupation	Taylor
10. Father's Birthplace	Somerset county
Name of Medical Attendant, or other Person who makes this Return.	Araminta Wilson
Address	No 12 Richmond st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third -
1. Sex (state whether Male or Female)	Female -
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 16th 1876
4. Place of Birth (Street and Number)	538 W. Pratt St.
5. Full Name of Mother	Catherine Widener -
6. Mother's Maiden Name	Kroner.
7. Mother's Birthplace	Germany
8. Full Name of Father	August E. Widener
9. Father's Occupation	Kinner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St
Remarks	Arm Presentation - turned and deliv-

ered - child alive -

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13291

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 16 - 1876
4. Place of Birth (Street and Number)	No 100 Thames St
5. Full Name of Mother	Maria H Lutz
6. Mother's Maiden Name	" " Hofmer
7. Mother's Birthplace	Germany
8. Full Name of Father	John H. Lutz
9. Father's Occupation	Labor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Regina Herdlage
Address	No 289 S Bond St
Remarks	

13292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth August 16th 1876
4. Place of Birth (Street and Number) S.W. Cor Fremont & McHenry St
5. Full Name of Mother Charlotte A Nickles
6. Mother's Maiden Name " " Morrison
7. Mother's Birthplace City of Baltimore
8. Full Name of Father Edward Nickles
9. Father's Occupation Carpenter & Builder
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No. 136. Scott. St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 16. 1876
4. Place of Birth (Street and Number)	205 Pierce St. Baltimore
5. Full Name of Mother	Catherine Yost
6. Mother's Maiden Name	Catherine Glauber
7. Mother's Birthplace	Germany
8. Full Name of Father	John Yost
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Lawrence Ray C. Gorman
Address	No 40. [illegible]
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

132911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Twins. 9th
1. Sex (state whether Male or Female)	Male and ~~Both~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 16th
4. Place of Birth (Street and Number)	Num 82 Woodyear st
5. Full Name of Mother	Mary Elizabeth Reese
6. Mother's Maiden Name	Mary Elizabeth Forshay
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Edward Reese
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Susan E. Armstrong
Address	Num 8 Eastmore st
Remarks	no remarks
	Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 16th 1876
4. Place of Birth (Street and Number)	361 N. Bond St.
5. Full Name of Mother	Margaret Ann Kerr
6. Mother's Maiden Name	Ireland
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Kerr
9. Father's Occupation	Plumber
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	A. E. Stern, M.D.
Address	195 N. Eden St.
Remarks	

Extract Regulations in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 In.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 16. 1876
4. Place of Birth (Street and Number)	Koplin St 88.
5. Full Name of Mother	Hargretha Wolf.
6. Mother's Maiden Name	Hargaretha Wolf.
7. Mother's Birthplace	Germany
8. Full Name of Father	Franz Wolf.
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Drs Lindner
Address	Monroe No 45.
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

13297

13298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
176
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 16th 1876
4. Place of Birth (Street and Number)	No 86. Stirling st
5. Full Name of Mother	Annie Lewis
6. Mother's Maiden Name	Annie Miller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edmond Lewis
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Hena Hillegeist
Address	No 182 E Monument st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13299

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 16 Aug. 1876.

4. Place of Birth (Street and Number) 44 Gilbemarle St.

5. Full Name of Mother Hannah Casey

6. Mother's Maiden Name " Havey

7. Mother's Birthplace U States of America

8. Full Name of Father John Casey

9. Father's Occupation Shoe maker

10. Father's Birthplace U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13200

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Aug. 16th 1876
4. Place of Birth (Street and Number)	92 N. Paca St.
5. Full Name of Mother	Clara C. McClellan
6. Mother's Maiden Name	Jenkins
7. Mother's Birthplace	Charles Co. Md
8. Full Name of Father	Chas. B. McClellan
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	H. Christian M.D.
Address	431 Penna. Ave.
Remarks	

13207
13301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug. 16th 12 15 A.M. Boy
4. *Place of Birth (Street and Number)* 250 E Baltimore
5. *Full Name of Mother* Emily Ferrandini
6. *Mother's Maiden Name* Emily Feinot
7. *Mother's Birthplace* New Jersey
8. *Full Name of Father* Ciprondo Ferrandini
9. *Father's Occupation* Barber
10. *Father's Birthplace* Corsica

Name of Medical Attendant, or other Person who makes this Return. Jamie E Donnelly M D

Address 299 E Baltimore St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13302

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth August 16th 1876
4. Place of Birth (Street and Number) 282 Monument St.
5. Full Name of Mother Morsilla Miller
6. Mother's Maiden Name " " Zinkand
7. Mother's Birthplace Hagerstown
8. Full Name of Father John Miller
9. Father's Occupation Flour & Feed dealer
10. Father's Birthplace Bavaria: Germany

Name of Medical Attendant, or other Person who makes this Return. Barber Reiß Hebamme

Address No 40 J. Sägerstr

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 16th
4. Place of Birth (Street and Number) 75 Mullikin St
5. Full Name of Mother Lisette Esmer
6. Mother's Maiden Name " Madung
7. Mother's Birthplace Baltimore City
8. Full Name of Father Gust Esmer
9. Father's Occupation Drivr. of U.S.M. Wagon
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. L. C. Burch M.D.

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

133011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	16 th of Aug 1876
4. *Place of Birth* (Street and Number)	157 W. Lawrence
5. *Full Name of Mother*	M. H. Barlow
6. *Mother's Maiden Name*	M. H. Rhodrick
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	H. F. Barlow
9. *Father's Occupation*	Carpet Cutter
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walker
Address	125 W. Baltimore St
Remarks	

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th Child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Aug 16th 1876
4. *Place of Birth* (Street and Number)	No 303 Hanover st
5. *Full Name of Mother*	Elise Gabriel
6. *Mother's Maiden Name*	Fredel
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Paul Gabriel
9. *Father's Occupation*	Piano maker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrmeier midwife
Address	213 Cross st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rpct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13306

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1916 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th August
4. Place of Birth (Street and Number)	Republican St.
5. Full Name of Mother	Mary E Wilson
6. Mother's Maiden Name	Mary E Walker
7. Mother's Birthplace	Md Carroll County
8. Full Name of Father	Napoleon B Grimes
9. Father's Occupation	Laborer
10. Father's Birthplace	Md Carroll County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sadie Grimes
Address	10 Stricker St
Remarks	

RETURN OF A BIRTH.

19307

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 17th 1876
4. Place of Birth (Street and Number)	40 N Eden St
5. Full Name of Mother	Elina J Fitchett
6. Mother's Maiden Name	Eliza J Eaton
7. Mother's Birthplace	Virginia
8. Full Name of Father	John V Fitchett
9. Father's Occupation	Painter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	1½ S Eutaw St
Remarks	

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth augt 17th 1876

4. Place of Birth (Street and Number) 2 W Cor Lee & Sharp Sts Balto

5. Full Name of Mother Mary Lyons

6. Mother's Maiden Name " Bleby

7. Mother's Birthplace Balto Md

8. Full Name of Father Wm B Lyons

9. Father's Occupation Inspector U S

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. C H Fullerton M D

Address 23 Franklin St Balto

Remarks

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE CITY

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 17th 1876
4. Place of Birth (Street and Number)	Rear of 57. East Street.
5. Full Name of Mother	Susan Jones
6. Mother's Maiden Name	Jones
7. Mother's Birthplace	Baltimore county
8. Full Name of Father	[illegible]
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Maria Gordon
Address	110 57. East. Street.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13310

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1896 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 17th 1896
4. Place of Birth (Street and Number)	No. 50 Cooksie St. Locust Point
5. Full Name of Mother	Winifred King
6. Mother's Maiden Name	Winifred Cleonan
7. Mother's Birthplace	Locust Point
8. Full Name of Father	Charles L. King
9. Father's Occupation	Laborer
10. Father's Birthplace	Fonday State Of New York
Name of Medical Attendant, or other Person who makes this Return.	Margaretta Erdel
Address	No. 13 Cuba Street Locust Point
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 17th 1876
4. Place of Birth (Street and Number)	No 21 Dover St
5. Full Name of Mother	Katy Lehmuth
6. Mother's Maiden Name	Katy Sind
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Lehmuth
9. Father's Occupation	Klerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	E Sinclair
Address	No 818 Pratt St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 a 11.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August the 17 1876
4. Place of Birth (Street and Number) 254 Eager Street
5. Full Name of Mother Elisabth Kabser
6. Mother's Maiden Name " " Smude
7. Mother's Birthplace Germany
8. Full Name of Father Franz Heinrich Kabser
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Walburga Müller

Address 165 Sterling Street

Remarks

Earnest Regardless of the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~ 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) colord
3. Date of Birth ~~[illegible]~~ augt 17th 1876
4. Place of Birth (Street and Number) Sarahan St
5. Full Name of Mother Marey hawkins
6. Mother's Maiden Name Marey noss
7. Mother's Birthplace anerandel contey
8. Full Name of Father luther hawkins
9. Father's Occupation oyster shucker
10. Father's Birthplace balltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Sharlet goldsborey nurse

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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133114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~ 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colord
3. Date of Birth ~~[illegible]~~ Augt 17th 1876
4. Place of Birth (Street and Number) No 1 Cohen alley
5. Full Name of Mother adilaide Janse
6. Mother's Maiden Name ~~adilaide~~ ~~Janes~~
7. Mother's Birthplace Ballfinore Md
8. Full Name of Father John J. Janes
9. Father's Occupation cochman
10. Father's Birthplace born Fredrick conty

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Sharlet golsbarey nurse

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White Race
3. Date of Birth 17th of August
4. Place of Birth (Street and Number) Scott street No 77
5. Full Name of Mother Mary Connoly
6. Mother's Maiden Name " Powers
7. Mother's Birthplace Ireland
8. Full Name of Father Isaac S. Connoly
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharina Seubach

Address 439 West Lenett St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13316

HEALTH DEPARTMENT
AUG
10
'76
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 17th 1876
4. *Place of Birth (Street and Number)* No 526 Gay st
5. *Full Name of Mother* Anna Schindel
6. *Mother's Maiden Name* Anna Bother
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Schindel
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 182 E Monument st

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 18th 1876

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 17th 1876
4. Place of Birth (Street and Number) 159 Ann St.
5. Full Name of Mother Elizabeth Horney
6. Mother's Maiden Name Elizabeth Burns
7. Mother's Birthplace America
8. Full Name of Father Samuel Horney
9. Father's Occupation Sailor
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolfe St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) girls
2. Race or Color (if not of the white race) White
3. Date of Birth 17 of august
4. Place of Birth (Street and Number) No 125 Pearce St
5. Full Name of Mother Mary Carmondman
6. Mother's Maiden Name Mary Appe
7. Mother's Birthplace Baltimore
8. Full Name of Father John Carmondman
9. Father's Occupation Black Smith
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mid Wife Threase Eigeldinger

Address No 14 Union St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 17 Aug 1876

4. Place of Birth (Street and Number) 10 Tonson

5. Full Name of Mother Margaret Darty

6. Mother's Maiden Name Ryan

7. Mother's Birthplace Ireland

8. Full Name of Father Wm Darty

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Carpen

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 11
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	aug 17 " 1876
4. Place of Birth (Street and Number)	32 Eddy alley
5. Full Name of Mother	Kate B. Gibbins
6. Mother's Maiden Name	
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Gibbins
9. Father's Occupation	Huckster
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	anna Johnson (nurse)
Address	
Remarks	This child lived only about 10 minutes

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 17th 1876
4. Place of Birth (Street and Number)	160 S. Charles St
5. Full Name of Mother	[illegible]
6. Mother's Maiden Name	" Barringer
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Wm Ward
9. Father's Occupation	Police Officer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. A. [illegible]
Address	162 [illegible] St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 17th 1876
4. Place of Birth (Street and Number) 128 Madison St
5. Full Name of Mother Ann E. Evans
6. Mother's Maiden Name " " Madigan
7. Mother's Birthplace Ireland
8. Full Name of Father Geo. Evans
9. Father's Occupation Coach Trimmer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula P. Chrimmer

Address 16 Harford Av

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 17th 1896
4. Place of Birth (Street and Number)	130 Harford Ave
5. Full Name of Mother	Jane McIntyre
6. Mother's Maiden Name	Jane Dorsey
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael McIntyre
9. Father's Occupation	Porter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Christmas
Address	16 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13324

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 4th Dallas St
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Aug 17
4. Place of Birth (Street and Number)	4th Dallas St
5. Full Name of Mother	Sarah C Porkkins
6. Mother's Maiden Name	Sarah C Waly
7. Mother's Birthplace	Saint Ste County N C
8. Full Name of Father	William K Porkkins
9. Father's Occupation	Working round the warf
10. Father's Birthplace	Camden County N C
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Foot
Address	Milinner St
Remarks	

Extract Regulations of the Board of Health of the Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13325

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 18th 1856
4. Place of Birth (Street and Number)	No 165 S Regester St
5. Full Name of Mother	Caroline Mueller
6. Mother's Maiden Name	" Wortmann
7. Mother's Birthplace	Germany.
8. Full Name of Father	Peter Mueller
9. Father's Occupation	Cooper
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank St.
Remarks	

HEALTH DEPARTMENT SEP 2 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Fifth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth August 18th
4. Place of Birth (Street and Number) No 79 Milliman St
5. Full Name of Mother Kate Elizabeth Carter
6. Mother's Maiden Name Firmin
7. Mother's Birthplace London, England
8. Full Name of Father Oscar C. Carter
9. Father's Occupation Salesman
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. C. J. Kluber M. D.

Address 222 N. Broadway

Remarks

Extract Regulations Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1,332 f-

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	18th August
4. *Place of Birth* (Street and Number)	Baltimore near Pratt. 65
5. *Full Name of Mother*	Mary Lane
6. *Mother's Maiden Name*	Mary Conor
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Clay Lane
9. *Father's Occupation*	Iron Moulder
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Mitchell
Address	103 S. Poppleton
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 18th 1896
4. *Place of Birth (Street and Number)* N 205 Park Ave
5. *Full Name of Mother* Mary Ann Gallagher
6. *Mother's Maiden Name* Mary Ann Cavanagh
7. *Mother's Birthplace* Belfast Ireland
8. *Full Name of Father* William Gallagher
9. *Father's Occupation* Storekeeper
10. *Name of Medical Attendant, or other Person who makes this Return.* Londonderry Ireland F L Chatard M.D.

Address N 144 Park Ave.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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1.3.29

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August [redacted] 18th
4. *Place of Birth* (Street and Number) No 170 East Lough St
5. *Full Name of Mother* Mary J. Jones
6. *Mother's Maiden Name* Mary J Saynder
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John M Jones
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs ~~Snyder~~ Knowles

Address Eastern Av 2nd door East of Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1.3.3.30

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 18
4. Place of Birth (Street and Number)	N. 37 Bank St
5. Full Name of Mother	Elizabeth Batzler
6. Mother's Maiden Name	Pfeil
7. Mother's Birthplace	Germany
8. Full Name of Father	John Batzler
9. Father's Occupation	Molder
10. Father's Birthplace	Bayern
Name of Medical Attendant, or other Person who makes this Return.	Regina Weidlage
Address	No 289 S Bond St
Remarks	

7

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 18th 1876

4. Place of Birth (Street and Number) No. 16. Lee street

5. Full Name of Mother Kate Mayers

6. Mother's Maiden Name Kate Lober

7. Mother's Birthplace Germany

8. Full Name of Father Charles Mayers

9. Father's Occupation Machinest

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hellegasi

Address No 162 E Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 18th 1876
4. Place of Birth (Street and Number)	448 Canton Ave
5. Full Name of Mother	Elizabeth Lawrence
6. Mother's Maiden Name	Elizabeth Merrick
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Lawrence
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Fay
Address	193 South Gilson St
Remarks	Healthy Child

RETURN OF A BIRTH.

122332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 18th 1876
4. Place of Birth (Street and Number)	468 Eutaw Square
5. Full Name of Mother	Emma Mary Schwarz
6. Mother's Maiden Name	" " Fulton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George H. Schwarz
9. Father's Occupation	Sugar Broker
10. Father's Birthplace	Georgetown D.C.
Name of Medical Attendant, or other Person who makes this Return	R. L. Williams
Address	801 Madison Ave
Remarks	

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE MD.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19334

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug. 19. 1876
4. Place of Birth (Street and Number)	299. Durham. St
5. Full Name of Mother	Mary Agnes ~~Ryan~~ Ryan Sweeney.
6. Mother's Maiden Name	Liverpool. Eng.
7. Mother's Birthplace	Joseph Alexander Ryan
8. Full Name of Father	Harness Maker
9. Father's Occupation	Baltimore. Md.
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	M. B. O'Riley. M.D.
Address	235 - N. Broadway
Remarks	Prev. R. Lab.

RETURN OF A BIRTH.

133311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. the 18th 1876.
4. Place of Birth (Street and Number)	193 Thames St.
5. Full Name of Mother	Chlorinda Sanchioni
6. Mother's Maiden Name	Chlorinda Bartholomeone,
7. Mother's Birthplace	Italy
8. Full Name of Father	Salvator Sanchioni.
9. Father's Occupation	Hotel Proprietor.
10. Father's Birthplace	Italy
Name of Medical Attendant, or other Person who makes this Return.	Jno M. Sullivan M.D.
Address	116 Thames St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13335

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~1~~ 5 child
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	August 15th 1876
4. Place of Birth (Street and Number)	Orleans & Pine Sts
5. Full Name of Mother	Mary Kraft
6. Mother's Maiden Name	" Kuhn
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Henry Kraft
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Prussia Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	48 76 Hard St Balto Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 18th Aug 1876

4. Place of Birth (Street and Number) 41 Saratoga St

5. Full Name of Mother Elizabeth Mead

6. Mother's Maiden Name Hares

7. Mother's Birthplace U States of America

8. Full Name of Father Wm Mead

9. Father's Occupation Restaurant keeper

10. Father's Birthplace U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13.3.37

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 18th 1876
4. Place of Birth (Street and Number)	No. 108 Fait. Int. Ave
5. Full Name of Mother	Emma Ewartz
6. Mother's Maiden Name	Emma Band
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael Ewartz
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr H B Noble
Address	17 Hanover
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13338

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 18th 10 A.M. 1876
4. Place of Birth (Street and Number) 16 Patuxent St. Canton
5. Full Name of Mother Ellen Kaine
6. Mother's Maiden Name Ellen Duffy
7. Mother's Birthplace New London. Connecticut
8. Full Name of Father Thomas Patrick Kaine
9. Father's Occupation Laborer
10. Father's Birthplace Locust Point Baltimore

Name of Medical Attendant, or other Person who makes this Return. James E. Drinelle M.D.

Address 299 E. Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth August 18th 1876.
4. Place of Birth (Street and Number) Bird Street No 21.
5. Full Name of Mother California Baily.
6. Mother's Maiden Name California Nonley.
7. Mother's Birthplace Richmond, V.a.
8. Full Name of Father P. C. Baily.
9. Father's Occupation Butcher.
10. Father's Birthplace Richmond, V.a.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 O Battery Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

133 140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* August 19th 1876

4. *Place of Birth* (*Street and Number*) No 68 S Register St.

5. *Full Name of Mother* Fannie Shafer

6. *Mother's Maiden Name* " H.A.

7. *Mother's Birthplace* City

8. *Full Name of Father* Harry Shafer

9. *Father's Occupation* Cooper

10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13341

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) "
3. Date of Birth Aug 19th
4. Place of Birth (Street and Number) 298 Sharp St
5. Full Name of Mother Susan Woods
6. Mother's Maiden Name Dickel
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo R Woods
9. Father's Occupation Real Estate Agent
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. D. Clift M.D.

Address 129 Sharp St City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1.3.312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th August
4. Place of Birth (Street and Number)	Baltimore Fayette St. 420
5. Full Name of Mother	Mary Johnson
6. Mother's Maiden Name	Mary Ritter
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	James Johnson
9. Father's Occupation	Huckster
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Mitchell
Address	103 S. Poppleton St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

133411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 19-1876
4. Place of Birth (Street and Number) 43 Oxford St
5. Full Name of Mother Annie Dorsey
6. Mother's Maiden Name Née Mears
7. Mother's Birthplace New York
8. Full Name of Father Wm H. Dorsey
9. Father's Occupation Waiter
10. Father's Birthplace Howard County

Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson

Address 209 W. Riddle St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13343

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19th of August
4. Place of Birth (Street and Number) Alice Ann Street No. 212
5. Full Name of Mother Alice Ann Vogt
6. Mother's Maiden Name Alice Ann Funk
7. Mother's Birthplace Baltimore County
8. Full Name of Father Martin J. Vogt
9. Father's Occupation Bar Under
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mr. C. Brendel

Address No. 208 South Bond St.

Remarks

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13346

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	19th August
4. Place of Birth (Street and Number)	23 Shakespeare st.
5. Full Name of Mother	Mary Catharine Seibert
6. Mother's Maiden Name	Ewig
7. Mother's Birthplace	Germany
8. Full Name of Father	Christian Seibert
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Hilker
Address	151 E Pratt st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

193117

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 25 1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Aug. 17/16.
4. Place of Birth (Street and Number)	36 Moore's Alley
5. Full Name of Mother	Martha E. Derry
6. Mother's Maiden Name	Emerson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm. G. Derry
9. Father's Occupation	Huckster
10. Father's Birthplace	Balti. city
Name of Medical Attendant, or other Person who makes this Return.	W. H. Thompson M.D.
Address	41 Orchard St.
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13345

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth th 19 of august 1876
4. Place of Birth (Street and Number) No 23 hullane
5. Full Name of Mother Delapha Marylizeleth henry
6. Mother's Maiden Name Delapha Marylizeleth Blackwell
7. Mother's Birthplace Baltimore
8. Full Name of Father eurie Blackwell
9. Father's Occupation hostershuck
10. Father's Birthplace North thumlin virginia

Name of Medical Attendant, or other Person who makes this Return. Roletta Williams

Address No 70 Chesnut Street

Remarks Mother And Child doing Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

133119

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* Aug 14th 1870
4. *Place of Birth (Street and Number)* Orleans St # 50
5. *Full Name of Mother* Katherine Friedrichs
6. *Mother's Maiden Name* " " Peters
7. *Mother's Birthplace* Male Md
8. *Full Name of Father* Henry Friedrichs
9. *Father's Occupation* Contractor
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Kelly

Address 48 Holland St Balto

Remarks

13930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 19th
4. Place of Birth (Street and Number)	41 Steuart St
5. Full Name of Mother	Augusta Bailes
6. Mother's Maiden Name	Oberlander
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Bailes
9. Father's Occupation	Stevedore
10. Father's Birthplace	Canada
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	325 S Ensor St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13331

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 9th
4. Place of Birth (Street and Number)	328 E. Sharp St.
5. Full Name of Mother	Theckla Schmidt
6. Mother's Maiden Name	Wolf
7. Mother's Birthplace	Gottin Sadsen
8. Full Name of Father	Christian Schmidt
9. Father's Occupation	Printer
10. Father's Birthplace	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	328 E. Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13352

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug. 19, 1876
4. Place of Birth (Street and Number) Pearce St No 165
5. Full Name of Mother Elizabeth Simpson
6. Mother's Maiden Name " Robinson
7. Mother's Birthplace Virginia
8. Full Name of Father Thomas Simpson
9. Father's Occupation Laborer
10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. R. J. Herman M.D.

Address No 175 N Carey

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Aug 19 1876

4. Place of Birth (Street and Number) No 703 W. Baltimore St

5. Full Name of Mother Ophelia Lowenthal

6. Mother's Maiden Name " Wise

7. Mother's Birthplace Natchez Miss

8. Full Name of Father Nathan Lowenthal

9. Father's Occupation Merchant

10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this Return. B. H. Hermann

Address 175 N. Carey St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13351

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 19th Aug. 1876.

4. Place of Birth (Street and Number) 213 Eastern Ave.

5. Full Name of Mother Adelaide Ackermann

6. Mother's Maiden Name Morgenroth

7. Mother's Birthplace Germany

8. Full Name of Father Rudolph Ackermann

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E Lombard St

Remarks

13355

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* colored.
3. *Date of Birth* ~~19 Franklin st~~ 19 August
4. *Place of Birth (Street and Number)* 196 Mullikin st.
5. *Full Name of Mother* Mary Stewart
6. *Mother's Maiden Name* Mary Walker
7. *Mother's Birthplace* Annapolis Co.
8. *Full Name of Father* Charles Stewart
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Balt Co

Name of Medical Attendant, or other Person who makes this Return. Sarah Styles

Address 247 Orleans st

Remarks

Duty to Report Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) American and white
3. Date of Birth August the 19th 1876
4. Place of Birth (Street and Number) Baltimore Castle Street No 76
5. Full Name of Mother Sarah R Brown
6. Mother's Maiden Name Sarah R Fredrick
7. Mother's Birthplace Maryland Baltimore County
8. Full Name of Father George W Brown
9. Father's Occupation engineer and machinist.
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Henry Peter Clasco

Address Mabk Celdra Street Ex Sender Sealhavill

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 19th
4. Place of Birth (Street and Number) No 5 Madison st.
5. Full Name of Mother Maggie Bell Jones
6. Mother's Maiden Name Maggie Bell.
7. Mother's Birthplace ~~Potomac~~ Patapsco Neck. B County.
8. Full Name of Father William David Jones.
9. Father's Occupation Hodcarrier
10. Father's Birthplace William David Jones

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Sarah Slyles
247 Orleans st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13355

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug - 19 - 1876
4. Place of Birth (Street and Number)	No 12½, Hamt. St
5. Full Name of Mother	Rebecca Hudson
6. Mother's Maiden Name	Rebecca Abbott
7. Mother's Birthplace	Md.
8. Full Name of Father	Edw. Hudson
9. Father's Occupation	Mechanic
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Stobb. M.D
Address	17 Warren Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 19th 11.30 P.M. 1876
4. *Place of Birth* (Street and Number) 16 S. Amity St.
5. *Full Name of Mother* Emma Jane Clarke
6. *Mother's Maiden Name* Emma Jane Cook
7. *Mother's Birthplace* Washington D. C.
8. *Full Name of Father* Chas. Benjamin Clarke
9. *Father's Occupation* B. C. Fire Department
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Jno. E. Dimitt M.D.

Address 299 E. Baltimore St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August the 19 1876
4. *Place of Birth (Street and Number)* No 19 Walnut Alley Balt
5. *Full Name of Mother* Martha Reason
6. *Mother's Maiden Name* Thorson
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Richard Reason
9. *Father's Occupation* Brick Making
10. *Father's Birthplace* Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address No 83 Oxford St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	19th August 1876
4. Place of Birth (Street and Number)	No 95 Hamburg St.
5. Full Name of Mother	Mary Thornton
6. Mother's Maiden Name	Mary Fisher
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Thornton
9. Father's Occupation	Pattern Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Baskey
Address	115 Hamburg St.
Remarks	both doing well

Fees Records of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY August 21st 1876.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 19th 1876.
4. Place of Birth (Street and Number) 206 Canton Ave.
5. Full Name of Mother Kate Harterstein.
6. Mother's Maiden Name Kate Keutter.
7. Mother's Birthplace Germany.
8. Full Name of Father Joseph Harterstein.
9. Father's Occupation Basket maker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amenal.

Address No. 137 S Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13363.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) ~~Male~~ Female
2. Race or Color (if not of the white race) White
3. Date of Birth 19th August
4. Place of Birth (Street and Number) 135 Orleans
5. Full Name of Mother Fridericha Seigman
6. Mother's Maiden Name " Ortman
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Seigman
9. Father's Occupation Saloon Keeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. J. Gross M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13364

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White Race
3. Date of Birth 19th August
4. Place of Birth (Street and Number) 334 Hanover street
5. Full Name of Mother Helener McCabe
6. Mother's Maiden Name Stitzler
7. Mother's Birthplace Baltimore
8. Full Name of Father William McCabe
9. Father's Occupation Siggar Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ruth Ann Riggins

Address 358 Hanover Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	August. 17 1876.
4. Place of Birth (Street and Number)	No. 30 Knox. Alle.
5. Full Name of Mother	Friederike Both.
6. Mother's Maiden Name	F. Gruber
7. Mother's Birthplace	Germane.
8. Full Name of Father	Louis Both.
9. Father's Occupation	Butcher.
10. Father's Birthplace	Germane.
Name of Medical Attendant, or other Person who makes this Return.	H. S. Dommler.
Address	No. 30 ~~Knox~~ Alle. (c Schmidt)
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13366

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 19. 76.
4. Place of Birth (Street and Number)	225 Lanvale
5. Full Name of Mother	Laura Virginia Hudson
6. Mother's Maiden Name	Fredericks
7. Mother's Birthplace	Balto
8. Full Name of Father	Alexander Dulin Hudson
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lewis W Rastman
Address	349 Lexington
Remarks	

HEALTH DEPARTMENT SEP 14 1876 BALTIMORE

13367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 26 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Sunday August 20th 1876
4. *Place of Birth* (Street and Number) No. 298 North Bond street
5. *Full Name of Mother* Jane Smith
6. *Mother's Maiden Name* — —
7. *Mother's Birthplace* Maryland
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. A. A. Elwell M. D.

Address No. 285 East Biddle st.

Remarks The woman was unmarried, therefore did not inquire the father's name.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1st

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether Male or~~ Female) ..... Aug 20th

2. Race or Color (~~if not of the~~ white race) ..... 213 Ramsey St

3. Date of Birth ..... Mary E. Henning

4. Place of Birth (Street and Number) ..... Mary E. Devin

5. Full Name of Mother ..... Balto City

6. Mother's Maiden Name ..... Robert A. Henning

7. Mother's Birthplace ..... Blacksmith

8. Full Name of Father ..... St Mary's Co Md

9. Father's Occupation ..... John J. R. Frazer M.D.

10. Father's Birthplace ..... City

Name of Medical Attendant, or other Person who makes this Return. .....

Address .....

Remarks .....

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 August
4. *Place of Birth (Street and Number)* 8th Paint Lane
5. *Full Name of Mother* Marie Barach
6. *Mother's Maiden Name* " Kaiser
7. *Mother's Birthplace* Hana Bohemia
8. *Full Name of Father* A. Barach
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Nebraska

Name of Medical Attendant, or other Person who makes this Return. G. Conrad

Address No 20 Barnes St

Remarks

This child lived 3 days only

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13370

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
26
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 20th 1876
4. Place of Birth (Street and Number)	No 234 Cross Street
5. Full Name of Mother	Sarah Banks
6. Mother's Maiden Name	Sarah Banks
7. Mother's Birthplace	Cambridge Md
8. Full Name of Father	Thos Henry Ross
9. Father's Occupation	Works in Mill
10. Father's Birthplace	Cambridge Md
Name of ~~Medical Attendant~~, or other Person who makes this Return.	Hannah Sukey
Address	No 3 Eldner Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13371

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	White Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 20. 1876 — 6½ A. M.
4. Place of Birth (Street and Number)	61 N. Ann st
5. Full Name of Mother	Mary J Stromberg
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Samuel B. Gump
9. Father's Occupation	Printer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	(Dr Dohme) Hardy Haywood
Address	Fayette st
Remarks	

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 20th 1876
4. Place of Birth (Street and Number)	N 170 E Fayette St
5. Full Name of Mother	Anna Stein
6. Mother's Maiden Name	Anna Heidelberg
7. Mother's Birthplace	Cumberland Maryland.
8. Full Name of Father	Samuel Stein
9. Father's Occupation	Banker
10. Father's Birthplace	Weikersgrüben Bavaria
Name of Medical Attendant, or other Person who makes this Return.	F. E. Shaland M. D
Address	N 114 Park Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

133773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First -
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White -
3. Date of Birth	Aug. 20 - 1876
4. Place of Birth (Street and Number)	287 Penna. Avenue
5. Full Name of Mother	Ida Wyatt
6. Mother's Maiden Name	Whitehouse
7. Mother's Birthplace	Balto. City
8. Full Name of Father	William Wyatt
9. Father's Occupation	Plasterer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

133711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 August 1894 95 Albemarle St
4. Place of Birth (Street and Number)	95 Albemarle St
5. Full Name of Mother	Matilda Darsey
6. Mother's Maiden Name	Matilda Welch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Barnard Darsey
9. Father's Occupation	Policeman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Flemming
Address	No 97 Albemarle St
Remarks	

13373

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 August
4. Place of Birth (Street and Number)	162 Fayette Street
5. Full Name of Mother	Therese Bohn
6. Mother's Maiden Name	Suong
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Bohn
9. Father's Occupation	Woodturner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	1070 Granby Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth th 20 August

4. Place of Birth (Street and Number) No 103 Chestnut Street

5. Full Name of Mother

6. Mother's Maiden Name Wesley Stuart

7. Mother's Birthplace Baltimore

8. Full Name of Father —

9. Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Rolle William

Address No 70 Thomas Street

Remarks Mother Chest Clairy N.Y.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13377

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~fem~~ 2 child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White race

3. Date of Birth August 20th 1876

4. Place of Birth (Street and Number) Lombard St # 352

5. Full Name of Mother Lizzie Franke

6. Mother's Maiden Name " Nace

7. Mother's Birthplace Balto Md

8. Full Name of Father Bartholomew Franke

9. Father's Occupation Shoemaker

10. Father's Birthplace Kurhess Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ullig

Address 48 Holland St Balto Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
28
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 20. 1876
4. Place of Birth (Street and Number)	4 Morris Aly
5. Full Name of Mother	Caroline Long
6. Mother's Maiden Name	Ulmer
7. Mother's Birthplace	Hanover, York Co Pa.
8. Full Name of Father	Jno. J. Long
9 Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	H. Christian M.D.
Address	431. Penna. Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13379

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 20th 1876
4. Place of Birth (Street and Number)	29 New Church St.
5. Full Name of Mother	Jemima Carroll
6. Mother's Maiden Name	Jemima Gorsuch
7. Mother's Birthplace	Warren Factory Balto Co.
8. Full Name of Father	Jacob Carroll
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Winneberger
Address	23 N. Liberty St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13350

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	8th
1. Sex (*state whether Male or Female*)	M.
2. Race or Color (*if not of the white race*)	W.
3. Date of Birth	Aug. 20th 96.
4. Place of Birth (*Street and Number*)	Harford Rd.
5. Full Name of Mother	
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	John A. Remming
9. Father's Occupation	Grocer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	186 August St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13351

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 21st 1876
4. Place of Birth (Street and Number)	361 N. Bond
5. Full Name of Mother	Sarah Elizabeth Hunt
6. Mother's Maiden Name	Ireland
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Hunt
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	A. E. Stein M.D.
Address	195 N. Eden St
Remarks	

13352

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth August 20th 1876.

4. Place of Birth (Street and Number) Johnson Street No. 91.

5. Full Name of Mother Margreth Kalvelage.

6. Mother's Maiden Name Margreth Schmidt

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Henry Kalvelage

9. Father's Occupation Labor

10. Father's Birthplace Baltimore. Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address 114 Battery Av.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13383

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August the 20 1876
4. Place of Birth (Street and Number) Winne Street 127
5. Full Name of Mother Louis Wigman
6. Mother's Maiden Name
7. Mother's Birthplace Nainbrick
8. Full Name of Father Johan Sohl
9. Father's Occupation Baker
10. Father's Birthplace Lauerlath

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Annie Dunlan

66 Scherlin St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

133511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	20th August 76
4. Place of Birth (Street and Number)	N.E. Cor Baltimore & Paca St.
5. Full Name of Mother	Maria Anna Dorothea Berran
6. Mother's Maiden Name	Maria Anna Dorothea Niedecorf
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Carl R. Berran
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. H. Weidman M.D.
Address	120 Pearl St Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) real white
3. Date of Birth monday morning Aug 21 76
4. Place of Birth (Street and Number) no 1 north Fremont St
5. Full Name of Mother Theresa Reinach
6. Mother's Maiden Name Theresa Heim
7. Mother's Birthplace Kingdom Bavaria
8. Full Name of Father Isaac Reinach
9. Father's Occupation Tailor
10. Father's Birthplace Deidesheim Kingdom Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dunker 61 Schuyler St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13386

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 21st
4. Place of Birth (Street and Number) Hillen St near High
5. Full Name of Mother Catharine Connelly
6. Mother's Maiden Name Heffner
7. Mother's Birthplace Ireland
8. Full Name of Father Martin Connelly
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chrismer

Address 16 Harford Ave.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 21st 1876

4. Place of Birth (Street and Number) 377 E. Eager St.

5. Full Name of Mother Rosa Miller

6. Mother's Maiden Name Lee

7. Mother's Birthplace Waldshut, in Baden

8. Full Name of Father Conrad Miller

9. Father's Occupation Agent

10. Father's Birthplace Waldshut, in Baden

Name of Medical Attendant, or other Person who makes this Return. A. E. Stein, M.D.

Address 195 N. Eden St.

Remarks

Extract Registrar ... rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) of the Colord ~~[illegible]~~ male
2. Race or Color (if not of the white race) Colord
3. Date of Birth August the 21 76
4. Place of Birth (Street and Number) Mercedes St No 42
5. Full Name of Mother Annna Standley
6. Mother's Maiden Name Annna griffin
7. Mother's Birthplace Dorchester Co Md
8. Full Name of Father Josiah Standley
9. Father's Occupation nod Carer
10. Father's Birthplace Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Regesster St 130

Remarks Nor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) of the Colord race
3. Date of Birth August the 21-76
4. Place of Birth (Street and Number) Jefferson St Cot No 3
5. Full Name of Mother Alice Hockkin
6. Mother's Maiden Name Alice Harice
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Hockkins
9. Father's Occupation Labor
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Eggs Ster St No 130

Remarks Nov

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13390

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
24
1876
BALTIMORE

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~) First

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white ~~race~~)

3. Date of Birth August 21 /76

4. Place of Birth (Street and Number) 11 S High St

5. Full Name of Mother Sarah C. Shertzer

6. Mother's Maiden Name " " Bradbury

7. Mother's Birthplace South Carolina

8. Full Name of Father A Frey Shertzer

9. Father's Occupation Physician

10. Father's Birthplace Penn

Name of Medical Attendant, or other Person who makes this Return. Abram B Arnold MD

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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13391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 21st 1876
4. Place of Birth (Street and Number) 196 Argyle Ave
5. Full Name of Mother Alice McNeill
6. Mother's Maiden Name " Rynehart
7. Mother's Birthplace Baltimore
8. Full Name of Father Hugh McNeill
9. Father's Occupation Huckster
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return P.C. Williams

Address 201 Madison Ave

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 August 1876
4. Place of Birth (Street and Number)	No 78 Chestnut Street
5. Full Name of Mother	Bridget Anderson
6. Mother's Maiden Name	Bridget Carroll
7. Mother's Birthplace	County Cavin Ireland
8. Full Name of Father	Dan Anderson
9. Father's Occupation	Carriage Painter
10. Father's Birthplace	County Cavin Ireland
Name of Medical Attendant, or other Person who makes this Return.	Robt. Williams
Address	No 70 Chestnut West
Remarks	Mother 2nd Child living Well

rect Record of Vital Statistics in the City of Baltimore.

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13393

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 21st 1874
4. *Place of Birth* (Street and Number) No 364 N. Gaston Ave
5. *Full Name of Mother* Emma Hoffman
6. *Mother's Maiden Name* Stine
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Fred'k B. Hoffman
9. *Father's Occupation* Printer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. D. E. Spicer M.D.

Address 364 N. Gaston Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 21st 1876
4. Place of Birth (Street and Number)	No 7 Griffins Court
5. Full Name of Mother	Lina B. Ott F.P.
6. Mother's Maiden Name	Lina Bachorn
7. Mother's Birthplace	Balto
8. Full Name of Father	John Ott
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Miss Mary E. Simms
Address	# 178 S. Chapel St
Remarks	" F.P.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13395

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 21-1895-
4. Place of Birth (Street and Number)	Penna. Avenue (extended)
5. Full Name of Mother	Emma Kell
6. Mother's Maiden Name	D. Titus
7. Mother's Birthplace	Balto. City-
8. Full Name of Father	Fredk. Kell
9. Father's Occupation	Butcher
10. Father's Birthplace	Balto. City-
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* August 22 nd 1876

4. *Place of Birth (Street and Number)* No 22 N. Chapel st.

5. *Full Name of Mother* Kunigunda Dannenbein

6. *Mother's Maiden Name* " Dorfler

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Nicholas Dannenbein

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Negro

3. Date of Birth Tuesday August 22nd 1876

4. Place of Birth (Street and Number) 27, Bath St

5. Full Name of Mother Alice Emma Sampson

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore City

8. Full Name of Father William T. Sampson

9. Father's Occupation Porter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Eberle G. Ingleby, M.D.

Address 57 N. Calvert St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 22nd
4. Place of Birth (Street and Number)	245 E. Middle
5. Full Name of Mother	Laura Ford
6. Mother's Maiden Name	Laura Darling
7. Mother's Birthplace	Balto. City
8. Full Name of Father	John Ford
9. Father's Occupation	Engineer U. S. N.
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	John F. Monmonier M.D.
Address	S. W. Cor. Calvert & Read sts.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 22
4. Place of Birth (Street and Number)	No 6 Liman St
5. Full Name of Mother	Elizabeth Linsenmeyer
6. Mother's Maiden Name	Arold
7. Mother's Birthplace	~~Engl~~ Germany
8. Full Name of Father	Martin Linsenmeyer
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Linder
Address	No 45 Monroe St
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13400

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 22 August 1876
4. Place of Birth (Street and Number) N. Washington st 69
5. Full Name of Mother Josephine Klima
6. Mother's Maiden Name Kopsch
7. Mother's Birthplace Welky in Boh
8. Full Name of Father Francis Klima
9. Father's Occupation labour
10. Father's Birthplace Kwětow in Boh

Name of Medical Attendant, or other Person who makes this Return. Mary Kopsch

Address 69 N. Washington

Remarks

Extract Registration of Vital Statistics in the City of Baltimore.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13401

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 22 August 1876
4. Place of Birth (Street and Number) N. Durham st 289
5. Full Name of Mother Anna Chak
6. Mother's Maiden Name Kaspar
7. Mother's Birthplace Wusy in Bohemia
8. Full Name of Father Joseph Chak
9. Father's Occupation Laboror
10. Father's Birthplace Wusy in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address 69 N. Washington st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13402

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Collerd
3. Date of Birth August. 22. 1876
4. Place of Birth (Street and Number) Green Miller St. Cort, new houses. No. number
5. Full Name of Mother Mary Matilda Gale
6. Mother's Maiden Name Mary Matilda Widgin
7. Mother's Birthplace Baltimore
8. Full Name of Father John William Widgin
9. Father's Occupation Laberer
10. Father's Birthplace Fourth town County

Name of Medical Attendant, or other Person who makes this Return. Scharlott. Golds Cary

Address 89. Moores Alley Balt. Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13403

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
30
1876
BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

(state whether Male or ~~Female~~) Male

e or Color (if not of the white race) White

e of Birth Aug. 22d 1876

ce of Birth (Street and Number) South Caroline st 94

l Name of Mother Margaret Turkey

her's Maiden Name Margaret Wallace

her's Birthplace Pennsylvania

l Name of Father Joseph H. Turkey

her's Occupation Seaman " "

her's Birthplace Baltimore

ame of Medical Attendant, or other Person who makes this Return. E. L. Baldwin M D

ldress N. Exeter st 124

emarks

1311011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH RETURNS SEP 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	~~125~~ S Bond August 22 n
4. Place of Birth (Street and Number)	125 S. Bond St
5. Full Name of Mother	Anna Beter
6. Mother's Maiden Name	Lindemann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fred. Beter
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Regina Waidlage
Address	No 289 S Bond St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Chicken

1. Sex (state whether Male or Female) Last a Girl

2. Race or Color (if not of the white race) White

3. Date of Birth Born the 2d August 1876

4. Place of Birth (Street and Number) 11 North Durham st

5. Full Name of Mother Annie Homan

6. Mother's Maiden Name Annie Basel

7. Mother's Birthplace Germany

8. Full Name of Father Joseph Basel

9. Father's Occupation Shoe maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chapel st pr John Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Aug. 22d /76.
4. Place of Birth (Street and Number)	Dallas st No. 341
5. Full Name of Mother	Elizabeth Cheyer
6. Mother's Maiden Name	" Mannoca
7. Mother's Birthplace	Balto Md.
8. Full Name of Father	Kuhn Cheyer
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anna st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 22nd 1876.
4. Place of Birth (Street and Number)	14 Fell Street
5. Full Name of Mother	Dora Sievert
6. Mother's Maiden Name	Raben
7. Mother's Birthplace	Germany
8. Full Name of Father	Nicolai Sievert
9. Father's Occupation	Boatman
10. Father's Birthplace	Denmark
Name of Medical Attendant, or other Person who makes this Return.	John Sundberg M.D.
Address	128 South Ann Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 nd
4. Place of Birth (Street and Number)	309 Columbia Avenue
5. Full Name of Mother	Mary Elizabeth Dawes
6. Mother's Maiden Name	Mary Elizabeth Gordon
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Dawes
9. Father's Occupation	Stuyter
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Kate Sebach
Address	434 West Pratt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13409

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 22d ~~Hough St~~ Aug 1876.

4. Place of Birth (Street and Number) 116 Hough St

5. Full Name of Mother Bridget Hobay

6. Mother's Maiden Name Roachert

7. Mother's Birthplace Ireland

8. Full Name of Father James Hobin

9. Father's Occupation Grocer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13410

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) no. 2

1. *Sex (state whether Male or Female)* Male. Child
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* august. the 22. 18. 76.
4. *Place of Birth (Street and Number)* Chestnut. alley. 46.
5. *Full Name of Mother* Lide west.
6. *Mother's Maiden Name* Lide young.
7. *Mother's Birthplace* Baltimore. City dru hill. an 24.
8. *Full Name of Father* full. name. W. m young.
9. *Father's Occupation* occupation. Waiter
10. *Father's Birthplace* Baltimore. City. Mulberry. Street 78

Name of Medical Attendant, or other Person who makes this Return. Maty. E chew.

Address no. 8. Colton St Baltimore City.

Remarks ~~Colton St~~

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 5 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 22. 1876
4. Place of Birth (Street and Number)	60 S. Charles St.
5. Full Name of Mother	Matilda B. Brumback
6. Mother's Maiden Name	Matilda B. Maxwell
7. Mother's Birthplace	Maryland
8. Full Name of Father	Walter J Brumback
9. Father's Occupation	Iron Founder
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	S. N. Hauck MD.
Address	75 E. Baltimore St
Remarks	—

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* one Male
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* aug the 23
4. *Place of Birth (Street and Number)* Welcom all 108
5. *Full Name of Mother* Clareon Brooks
6. *Mother's Maiden Name* Clareon hall
7. *Mother's Birthplace* colbert county
8. *Full Name of Father* Gideon Brooks
9. *Father's Occupation* brick yard
10. *Father's Birthplace* colbert county

Name of Medical Attendant, or other Person who makes this Return. ellary ann dorsey

Address henerett 177

Remarks five dollars

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13413

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth August 23 '76
4. Place of Birth (Street and Number) 775 W. Pratt St
5. Full Name of Mother Mary Alice Shipley
6. Mother's Maiden Name " " Elder
7. Mother's Birthplace Balto. Co
8. Full Name of Father Wm H. Shipley
9. Father's Occupation Mechanic
10. Father's Birthplace Balto. Co

Name of Medical Attendant, or other Person who makes this Return. H. L. Pericutter

Address 379 W. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 d child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	23 d August
4. Place of Birth (Street and Number)	No 857 N. Pratt
5. Full Name of Mother	Lesibetch Gut Kensel
6. Mother's Maiden Name	
7. Mother's Birthplace	Hanover
8. Full Name of Father	Franz Gut
9. Father's Occupation	Lockesmith
10. Father's Birthplace	Austria
Name of Medical Attendant, or other Person who makes this Return.	Anne Lindner
Address	No 45 Monroe
Remarks	

Duties in the City of Baltimore.

Correct Record of Vital Statistics

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13413

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 23d 76
4. *Place of Birth* (Street and Number) Chappel st
5. *Full Name of Mother* Milly King
6. *Mother's Maiden Name* Milly ~~Archibald~~ Butler
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Archibald King
9. *Father's Occupation*
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Jno. Koch

Address

Remarks Child lived 9 hours (6 month foetus)

13416

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 25th 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth August 23rd 1876.
4. Place of Birth (Street and Number) 110 Thames St.
5. Full Name of Mother H. M. L. Harms.
6. Mother's Maiden Name H. M. L. Dohrjahn.
7. Mother's Birthplace Germany.
8. Full Name of Father Earsten Harms.
9. Father's Occupation Baarkeeper.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Amend

Address No. 137 Wolfe St.

Remarks "

HEALTH DEPARTMENT AUG 26 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13417

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Augst 23-1876 - 8-10 PM
4. Place of Birth (Street and Number) 116 Eager Street
5. Full Name of Mother Josephine Marian Coggins
6. Mother's Maiden Name " " Switzer
7. Mother's Birthplace Park Street City
8. Full Name of Father Edward R. Coggins
9. Father's Occupation Expressman
10. Father's Birthplace York Road City

Name of Medical Attendant, or other Person who makes this Return. B. Bonilla M.D.

Address 189 Aisquith St.

Remarks Acephalus monster; The body & Extremities will developed & supposed to be 7 weeks over time; penis very small; a deficiency of the frontal, parietal & occipital bones; lived from 30 to 36 hours. ~~[illegible]~~ was unable to procure specimen.

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13418

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Wednesday Aug 23d
4. Place of Birth (Street and Number) 42 Saratoga St
5. Full Name of Mother Kate Bradley
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Montell
9. Father's Occupation Waiter
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. E Geddings Welch M.D.

Address 51 N Calvert St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Childe
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	29 aug 1st day clock
4. Place of Birth (Street and Number)	plaze of Birth York St 144
5. Full Name of Mother	Ellen hooper
6. Mother's Maiden Name	Ellen geanes
7. Mother's Birthplace	Dorchester county Md 25 years
8. Full Name of Father	Emerson geans
9. Father's Occupation	oysters Shucking 30 years
10. Father's Birthplace	New town Md
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Brown
Address	[redacted]
Remarks	Medical attendender little Winter st No 100

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 23d 1876
4. Place of Birth (Street and Number)	No Lilac Rode no number
5. Full Name of Mother	Kate Drahm
6. Mother's Maiden Name	Kate Lack
7. Mother's Birthplace	Germany
8. Full Name of Father	John Drahm
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Lena Hillegeist
Address	No 182 E Monument st
Remarks	

RETURN OF A BIRTH.

19421

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 child.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Jewish race
3. Date of Birth	August 23 1876
4. Place of Birth (Street and Number)	Gay St No 201
5. Full Name of Mother	Bettie Kaufman
6. Mother's Maiden Name	" Hamil
7. Mother's Birthplace	Berushia Europe
8. Full Name of Father	Lewis Kaufman
9. Father's Occupation	Clothing Dealer
10. Father's Birthplace	Bayers Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Adler
Address	48 Holland St Balto Md
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13422

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 23rd 1876

4. Place of Birth (Street and Number) 147 S Green St

5. Full Name of Mother Pauline F. Shuresch

6. Mother's Maiden Name Epple

7. Mother's Birthplace Germany

8. Full Name of Father Joseph Shuresch

9. Father's Occupation Cigar Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J H Curry

Address 76 Stack St

Remarks

Extract Regulations of the Board of Health of the Mayor and Commissioners of the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13423

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 23d/76.
4. Place of Birth (Street and Number)	Durham st 227
5. Full Name of Mother	Cathern Bonnett
6. Mother's Maiden Name	Horner
7. Mother's Birthplace	Germ.
8. Full Name of Father	John Bonnett
9. Father's Occupation	Laborer
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Midwife
Remarks	320 Allice Anna st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13424

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) Colard
3. Date of Birth August 23 1876
4. Place of Birth (Street and Number) No 7 Bethel Rores Rear of Saratoga St
5. Full Name of Mother Mrs Anna Jardon
6. Mother's Maiden Name Lam
7. Mother's Birthplace Baltimore County Md
8. Full Name of Father Josephus Pratt
9. Father's Occupation Unknown
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. J M Creek Md

Address No 23 Bath St

Remarks non

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 23d 1876
4. Place of Birth (Street and Number) No 119 N. Exeter street
5. Full Name of Mother Mary Stroemer
6. Mother's Maiden Name Mary Reissert
7. Mother's Birthplace Cleve, Holland
8. Full Name of Father Alfons Stroemer
9. Father's Occupation Varnisher
10. Father's Birthplace Cologne, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

A P P Yeates M D

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

Extract Regulations of the Board of Health of the Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13426

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 2nd

1. *Sex* (state whether Male or Female) Female health

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* born on the 23rd of August 1876

4. *Place of Birth* (Street and Number) No 203 Frederick St.

5. *Full Name of Mother* Gusta F. Foos

6. *Mother's Maiden Name* G. Brown

7. *Mother's Birthplace* born in the City of Baltimore

8. *Full Name of Father* Christian Foos

9. *Father's Occupation* Laborer

10. *Father's Birthplace* born in the City of Balto.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Miller

Address No 57 Small wood St. Balto.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13427

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if ~~not of the white~~ race) Colored
3. Date of Birth August 23rd 76
4. Place of Birth (Street and Number) Booth st near Amity (no number)
5. Full Name of Mother Ruth, Annie ~~Tyler~~ Smith
6. Mother's Maiden Name " " Brooks
7. Mother's Birthplace Balt City
8. Full Name of Father Samuel Smith
9. Father's Occupation Soldier Regular Army
10. Father's Birthplace Balt City

Name of Medical Attendant, or other Person who makes this Return. Laura Virginia Cole Midwife

Address 174 Vine St

Remarks

Extract Regulations of the Board of Health of the Mayor and Register of Vital Statistics in the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23d August 1876
4. Place of Birth (Street and Number)	71 S. Ann St.
5. Full Name of Mother	Ann Virginia Sanner
6. Mother's Maiden Name	Graham
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Alexander Abel Sanner
9 Father's Occupation	Ship Joiner
10. Father's Birthplace	St. Mary's C. Md.
Name of Medical Attendant, or other Person who makes this Return.	E. P. Fowler M. D.
Address	406 E. Balto. St.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13429

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 23d 1876
4. Place of Birth (Street and Number)	81 Williams St
5. Full Name of Mother	Anna Fowler
6. Mother's Maiden Name	Anna Ambrose
7. Mother's Birthplace	New Hampshire
8. Full Name of Father	Edw H Fowler
9. Father's Occupation	Conveyancer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Noble MD
Address	17 Hanover
Remarks	

Extract from the Statutes in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 101

13430

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 24. 1876
4. Place of Birth (Street and Number) Demstr 102
5. Full Name of Mother Mike Eckel
6. Mother's Maiden Name Mike Fischer
7. Mother's Birthplace Rettenhof Baern
8. Full Name of Father Wilhelm Eckel
9. Father's Occupation Barber
10. Father's Birthplace Hessen

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Hoffstr No 28

Remarks Midwife

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13431

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
1
1876
BALTIMORE

No. of Child of Mother (*state whether ~~1st~~, 2d, ~~3d~~, &c.*)

1. Sex (*state whether Male or ~~Female~~*)

2. Race or Color (*if not of the white race*) White.

3. Date of Birth 24th August 1876.

4. Place of Birth (*Street and Number*) No 96 Chester St

5. Full Name of Mother Mary J. Jones.

6. Mother's Maiden Name Mary Jane Harrison.

7. Mother's Birthplace Baltimore City, Md

8. Full Name of Father Lawrence T. Jones.

9. Father's Occupation Ship Carpenter

10. Father's Birthplace St Michaels Talbot County, Md

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell,

Address 207 S. Broadway)

Remarks

Extract Requirements of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13432

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 12.

1. Sex (state whether ~~Male or~~ Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth on the 24. of August. 1876

4. Place of Birth (Street and Number) Cover Baltimore and Mount st 953

5. Full Name of Mother Maria Ana Hummel

6. Mother's Maiden Name Maria Drebord

7. Mother's Birthplace Germane Prussia

8. Full Name of Father Augustus Hummel

9. Father's Occupation Shoe Barnes

10. Father's Birthplace Germana Tallmunster Prusia

Name of Medical Attendant, or other Person who makes this Return. Messrs Madam Damler

Address 60 Schorter St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

131133

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th Aug.
4. Place of Birth (Street and Number)	No E Eutaw St cor Cy
5. Full Name of Mother	Lucy Jane Eiseman
6. Mother's Maiden Name	Lucy Jane Mitchell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo. Wm. Eiseman
9. Father's Occupation	Gas. Fitter & Plumber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mr. Dunbar
Address	No 60 Shroeder St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13434

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

1st

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 24th 1876
4. Place of Birth (Street and Number) 125 S. Bethel
5. Full Name of Mother Ellen Anthony
6. Mother's Maiden Name Ellen Wilson
7. Mother's Birthplace Snow Hill, Md.
8. Full Name of Father Adam Jackson Anthony
9. Father's Occupation Driver
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D.

Address 69 S. Broadway

Remarks

Extract Regulations of the Board of Health of the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1.311.33

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 24 1876
4. Place of Birth (Street and Number)	East Biddle St. near Linden Ave
5. Full Name of Mother	Martha Preston
6. Mother's Maiden Name	Martha Preston
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	W. H. Preston
9. Father's Occupation	Keeper
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Bull
Address	No 131 N. Central Ave near Monument St.
Remarks	All well.

13436

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) —
3. Date of Birth August 24th 1876.
4. Place of Birth (Street and Number) 23½ W. Lombard St.
5. Full Name of Mother Mary Timmermann.
6. Mother's Maiden Name " Gohlinghorst.
7. Mother's Birthplace " Hanover. Germany.
8. Full Name of Father Fr. Wm Timmermann.
9. Father's Occupation Shoe maker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address 158. S. Sharp St.

Remarks Child living

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 21 1874

HEALTH DEPARTMENT
AUG
26
876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 21 1874.
4. *Place of Birth (Street and Number)* 183 Gough St.
5. *Full Name of Mother* Martha Depro.
6. *Mother's Maiden Name* Martha Phenit.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Augustus Depro.
9. *Father's Occupation* Ship Carpenter.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 Wolfe St.

Remarks

11

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13438

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Female child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 24
4. Place of Birth (Street and Number)	Baltimore William St 2.15
5. Full Name of Mother	Margaret ~~Wolf~~ Galloway
6. Mother's Maiden Name	Margaret ~~Galloway~~ Wolf.
7. Mother's Birthplace	~~Germany~~ Germany.
8. Full Name of Father	Samuel Thomas Galloway
9. Father's Occupation	Seaman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Miss Conway.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	August 24th 1876
4. Place of Birth (Street and Number)	Fayette St No 240
5. Full Name of Mother	Jennie Borrell
6. Mother's Maiden Name	" Gifford
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Pablo M Borell
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Trinidad Cuba
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	40 Holliday St Balto City
Remarks	

SEP 11 1876 BALTIMORE

Register Regulations of the Board of Health of the City of Baltimore.

Duty to Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13440

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Augt. 24, 1876
4. Place of Birth (Street and Number) 235 Bank St
5. Full Name of Mother Louisa Weaver
6. Mother's Maiden Name Sohmuller
7. Mother's Birthplace Balto City
8. Full Name of Father Henry Weaver
9. Father's Occupation
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. W. J. Gatty M.D.

Address 244 Bank St

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13 11 111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE MD

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) .....

1. *Sex* (state whether ~~Male~~ or Female) .....
2. *Race or Color* (if not of the white race) .....
3. *Date of Birth* Augt: 24th 1876
4. *Place of Birth* (Street and Number) 398 Druid Hill Avenue
5. *Full Name of Mother* Annie H: Milnor
6. *Mother's Maiden Name* Annie H. Bennett
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wm. H. Milnor
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. W. B. Griffith

Address 117 W. Madison St

Remarks .....

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13442

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* Thursday August 24th 76.
4. *Place of Birth (Street and Number)* Balto 62 Henrietta Street.
5. *Full Name of Mother* Mary Jane Reynolds.
6. *Mother's Maiden Name* " " Perkins.
7. *Mother's Birthplace* Philadelphia, Penna.
8. *Full Name of Father* Saml D. Reynolds
9. *Father's Occupation* Locomotive Fireman.
10. *Father's Birthplace* Baltimore city.

Name of Medical Attendant, or other Person who makes this Return.

Address M. M. Streng.

Remarks No 32 Lindenshall Street.

13443

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8.
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	white.
3. Date of Birth	August, 24.
4. Place of Birth (Street and Number)	Fremont St. 78.
5. Full Name of Mother	Marie Hagen
6. Mother's Maiden Name	Marie Haschert.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	F. B. Hagen
9. Father's Occupation	Baltimore, Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Catharine Seubach
Address	439 West Seventh St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1311411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 August 1876
4. *Place of Birth (Street and Number)* 18 S. Chapel
5. *Full Name of Mother* Elizabeth Graff
6. *Mother's Maiden Name* Elisabeth Kaler
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Wendlin Graff
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. H Loederer

Address 20 S. Durham St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13 1115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race or Color* (*if not of the white race*) Negro
3. *Date of Birth* August 24th 1876
4. *Place of Birth* (*Street and Number*) No. 70 Biddle st.
5. *Full Name of Mother* Sarah Baynes
6. *Mother's Maiden Name* " Lalorie
7. *Mother's Birthplace* Baltimore County Md.
8. *Full Name of Father* James Baynes
9. *Father's Occupation* Hod carrier
10. *Father's Birthplace* Annapolis Md.

Name of Medical Attendant, or other Person who makes this Return. T. B. Garaner M. D.

Address 121 Mulberry St. City

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	24 August
4. *Place of Birth* (Street and Number)	110 Columbia St
5. *Full Name of Mother*	Emma Kladenberg
6. *Mother's Maiden Name*	Föhr
7. *Mother's Birthplace*	Baiern
8. *Full Name of Father*	Frank Kladenberg
9. *Father's Occupation*	Wachmann
10. *Father's Birthplace*	Bayern
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 S Eutaw
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13447

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
30
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 24 1876
4. Place of Birth (Street and Number)	180 Orlien Street
5. Full Name of Mother	Karliene Lullof
6. Mother's Maiden Name	Karolem Kisler
7. Mother's Birthplace	gl Ballimor
8. Full Name of Father	Jakob Lullof
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Ballimor
Name of Medical Attendant, or other Person who makes this Return.	Maier Rudiger
Address	134 S. Bond Stret
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13448

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 24 d. 1876
4. Place of Birth (Street and Number)	251 Jefferson Street
5. Full Name of Mother	Augusta Dikfus
6. Mother's Maiden Name	Augusta Bauer
7. Mother's Birthplace	Germany
8. Full Name of Father	Hermann Dikfus
9. Father's Occupation	Seaman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marcus Rudiger
Address	134 N. Bond Street
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13449

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 376 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 24th 1876

4. Place of Birth (Street and Number) 250 W. Fayette St.

5. Full Name of Mother Amalie Gens

6. Mother's Maiden Name Amalie Schaefer

7. Mother's Birthplace Minden Prussia

8. Full Name of Father Charles John Henry Gens

9. Father's Occupation Professor of Music

10. Father's Birthplace Minden, Prussia

Name of Medical Attendant, or other Person who makes this Return. Dr. H. Salzer

Address 165 W. Lombard St.

Remarks

13450

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 24th 1876
4. Place of Birth (Street and Number)	No 32 Fountain St. F.P.
5. Full Name of Mother	Kath R. Reiss
6. Mother's Maiden Name	Kath Ritzell
7. Mother's Birthplace	Germany
8. Full Name of Father	Peter Reiss.
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	No 178 S Chapel St F.P.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

132451

HEALTH DEPARTMENT
AUG
20
1876
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 of August
4. Place of Birth (Street and Number)	William St N. 221.
5. Full Name of Mother	Elizabeth Laughirt
6. Mother's Maiden Name	Elizabeth Weigand
7. Mother's Birthplace	Kützberge in germany
8. Full Name of Father	Andrew Laughirt
9. Father's Occupation	Tailor
10. Father's Birthplace	in germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St N 125
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

131152

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Aug 25th 1876
4. Place of Birth (Street and Number)	Baltimore City 169 Fine Street
5. Full Name of Mother	Lillie Hawkins
6. Mother's Maiden Name	Lillie Johnson
7. Mother's Birthplace	Anne Arundel County Maryland
8. Full Name of Father	Samuel Hawkins
9. Father's Occupation	Dyer
10. Father's Birthplace	Talbot County Maryland
Name of Medical Attendant, or other Person who makes this Return.	Catherine Sawyer
Address	142 Raborg St Baltimore
Remarks	

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE MD

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

131153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 25th
4. Place of Birth (Street and Number)	237 Mulberry St.
5. Full Name of Mother	Miriam A Wallace
6. Mother's Maiden Name	" " Tindell
7. Mother's Birthplace	Balt.
8. Full Name of Father	Samuel L. Wallace
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	Louis C Horn md.
Address	226 Mulberry St.
Remarks	

13454

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~4~~ 4

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) real white
3. Date of Birth fri. morning August 25. 1876
4. Place of Birth (Street and Number) No 253 Eager St
5. Full Name of Mother Anna Dumler
6. Mother's Maiden Name Anna Rider
7. Mother's Birthplace York Pa.
8. Full Name of Father George Dumler
9. Father's Occupation Shoemaker
10. Father's Birthplace Bergnesreith Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumler

Address No 60 Schroder St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13455

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 25th 1876
4. Place of Birth (Street and Number)	216 Gough
5. Full Name of Mother	Emma Hill-Dugent
6. Mother's Maiden Name	Emma Hill-Lutz
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Dugent
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	L. L. Hill Kips M.D.
Address	69 S. Broadway
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 25th 1876

4. Place of Birth (Street and Number) No. Somerset St. Court

5. Full Name of Mother Martha Green

6. Mother's Maiden Name Martha Carray

7. Mother's Birthplace Anerundle County

8. Full Name of Father Crick Green

9. Father's Occupation Hod Carrier

10. Father's Birthplace Anerundle County

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No 181. N. Central Av. near Monument St.

Remarks All well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1,3457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
31
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 25th 1876
4. Place of Birth (Street and Number)	182 Hamburg Street
5. Full Name of Mother	Cathrina Rudolph
6. Mother's Maiden Name	" " " Hinkel
7. Mother's Birthplace	Germany
8. Full Name of Father	Friedrich Rudolph
9. Father's Occupation	Shoemacker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Müneh
Address	74 Leadenhall Street.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth August 25th 1876
4. Place of Birth (Street and Number) No 45 Marion St
5. Full Name of Mother Mary Smith
6. Mother's Maiden Name Mary McNally
7. Mother's Birthplace Ireland
8. Full Name of Father John Smith
9. Father's Occupation Telegraph Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
2
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Aug 1 1876
4. *Place of Birth* (Street and Number) 12 Hollins st.
5. *Full Name of Mother* Mary Ester Jones
6. *Mother's Maiden Name* Mary Frances
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Jones
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walker

Address 125 W. Caroline st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13460

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25th 1876.
4. Place of Birth (Street and Number)	N W Cor East & Ensor St
5. Full Name of Mother	Mary Hesse
6. Mother's Maiden Name	Mary Byerly
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm F Hesse
9. Father's Occupation	Stoves & Tin Store
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M D
Address	1½ S Exeter St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	9th Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Aug 25th 1876
4. *Place of Birth* (Street and Number)	12 95 Fort st
5. *Full Name of Mother*	Margaretk Cristine Jurlausen
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Otto Cristine
9. *Father's Occupation*	Pharmaceutist and Chemist
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrisser midwife
Address	213 Cross st
Remarks	

HEALTH DEPARTMENT AUG 25 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 25 th 1876
4. Place of Birth (Street and Number)	No 240 Battery av.
5. Full Name of Mother	Julliana Frank
6. Mother's Maiden Name	Ripple
7. Mother's Birthplace	America
8. Full Name of Father	Ignatz Frank
9. Father's Occupation	Brewer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser m. Wolf
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13463

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Aug ~~22~~ 25th 1876,
4. Place of Birth (Street and Number) 62 Raborg St
5. Full Name of Mother Sadie Sinclair (assumed)
6. Mother's Maiden Name " "
7. Mother's Birthplace Philadelphia
8. Full Name of Father Queen Sabe?
9. Father's Occupation " "
10. Father's Birthplace " "

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

[illegible]
5 [illegible]

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1311 61

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
26
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 25 1876
4. Place of Birth (Street and Number)	153 Eliot
5. Full Name of Mother	Alice Dunnock
6. Mother's Maiden Name	Alice Pond
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Dunnock
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13463

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 25th 1876
4. Place of Birth (Street and Number)	196 Canton Ave
5. Full Name of Mother	Lucy Wallace
6. Mother's Maiden Name	" Hanson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charlie Wallace
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

131466

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 25th 1876
4. Place of Birth (Street and Number)	96 South Exeter St
5. Full Name of Mother	Louisa Gragery
6. Mother's Maiden Name	" Schuma
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Gragery
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Fema.le

2. Race or Color (if not of the white race) White

3. Date of Birth August 25th 1876

4. Place of Birth (Street and Number) No 203 Caroline st

5. Full Name of Mother Charlotta Sahtin

6. Mother's Maiden Name Charlotta Platt

7. Mother's Birthplace Germany

8. Full Name of Father Chits Saltin

9. Father's Occupation Tanner

10. Father's Birthplace Sweden

Name of Medical Attendant, or other Person who makes this Return. Dena Hilly 1st

Address No 182 E Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13465

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 25th 1876
4. Place of Birth (Street and Number)	No 333 Central Ave
5. Full Name of Mother	Sybilla Schumacher
6. Mother's Maiden Name	Sybilla Melcher
7. Mother's Birthplace	Germany
8. Full Name of Father	William Schumacher
9. Father's Occupation	Tinner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Lena Hillegass
Address	No 1.82 E Monument st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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131169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The Eighth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 25th 1876 12½ o'clk A.M.
4. Place of Birth (Street and Number)	Nr 381 Mc Henry street, Baltimore
5. Full Name of Mother	Mary Elisabeth Habel
6. Mother's Maiden Name	Roberts
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	William Habel
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Hamburg, Germany
Name of Medical Attendant, or other Person who makes this Return.	Rebecca A Gerin Midwife
Address	Nr 381 Mc Henry street, Baltimore
Remarks	

13470
13471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 & 4 th (twins)
1. Sex (state whether Male or Female)	Male & Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	aug 25th
4. Place of Birth (Street and Number)	356 Lexington St
5. Full Name of Mother	Isabella Brantz
6. Mother's Maiden Name	Isabella Cohen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Moses Cohen
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Felix Newton
Address	148 Lexington St
Remarks	Child healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12472

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	August the 25 th 1876
4. *Place of Birth* (Street and Number)	79 S. Wolf Street
5. *Full Name of Mother*	Caroline Schmidt
6. *Mother's Maiden Name*	" " Scheuldheiser
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Adolph Schmidt
9. *Father's Occupation*	Plasterer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marie Hartman
Address	56 S Wolf Street
Remarks	

13473

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Males
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 25th ~~137 Sar: St~~
4. Place of Birth (Street and Number)	137 Saratoga St
5. Full Name of Mother	Mary Henneman
6. Mother's Maiden Name	Mary Barklage
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Henneman
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St.
Remarks	Child Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1311711

HEALTH DEPARTMENT AUG 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 12th 1876
4. Place of Birth (Street and Number)	No 394 Carlton Ave
5. Full Name of Mother	Barbara E. Hillis
6. Mother's Maiden Name	Barbara Kuhn
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm E. Hillis
9. Father's Occupation	Plumber + Gasfitter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address 193	South Charles St
Remarks	Healthy Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13173

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th child

1. *Sex* (state whether Male or Female) Female — 7 minutes
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August 25 5 30 P.M. 1876
4. *Place of Birth* (Street and Number) 1st house & Clinton St Canton
5. *Full Name of Mother* Margaret Weig
6. *Mother's Maiden Name* Margaret Seitzel
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* August Fred. Weis
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D

Address 299 E. Baltimore St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
31
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 26th 1876
4. Place of Birth (Street and Number)	Belair Road
5. Full Name of Mother	Babete Richs
6. Mother's Maiden Name	" " Weibrecht
7. Mother's Birthplace	Germany
8. Full Name of Father	John Richs
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13477

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	col
3. Date of Birth	August 26th, 6
4. Place of Birth (Street and Number)	13 L. Monument.
5. Full Name of Mother	Annie Carter
6. Mother's Maiden Name	" Jackson
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Carmsledt. Carter
9. Father's Occupation	Waiter
10. Father's Birthplace	Balt City
Name of Medical Attendant, or other Person who makes this Return.	Louis B Horn M.D.
Address	226 Mulberry St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One. Second Child.
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	August the 26th. 10.50 A.M.
4. *Place of Birth* (Street and Number)	No. 30 N. Caroline St. Balto. Md.
5. *Full Name of Mother*	Louisa Martin.
6. *Mother's Maiden Name*	Louisa Kemler.
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	George Henry Martin
9. *Father's Occupation*	House-carpenter.
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. L. Brendel
Address.	No. 207 South Bond St.
Remarks	Mrs. Brendel is an accomplished mid-wife

13479

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 26 1876

4. Place of Birth (Street and Number) No 112 Ross St

5. Full Name of Mother Louis Philip Schuckle

6. Mother's Maiden Name Anna Elizabeth Schuckle

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Louis Philip Schuckle

9. Father's Occupation Saloon Keeper

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Otto Rieder M.D.

Address 47 Mulberry St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13480

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Carry ruff mill mus 12

1. Sex (state whether Male or Female) ~~female~~ male
2. Race or Color (if not of the white race) the colord race
3. Date of Birth band and dug gust 26 18 76
4. Place of Birth (Street and Number) mill mus st 42
5. Full Name of Mother Minty Carry on dry Ruff
6. Mother's Maiden Name minty
7. Mother's Birthplace Baltimore county MD
8. Full Name of Father Jarret Jabron
9. Father's Occupation Harford County Bal[illegible]
10. Father's Birthplace Harford County

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13481

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 26th day of August 1876
4. Place of Birth (Street and Number) No 367 North Durham Str
5. Full Name of Mother Mary Louisa Vitterling
6. Mother's Maiden Name Mary Louisa Brosser
7. Mother's Birthplace Newborn North Carolina
8. Full Name of Father John Henry Vitterling
9. Father's Occupation Bacher
10. Father's Birthplace Baltimore Maryland.

Name of Medical Attendant, or other Person who makes this Return.

Address Barbara Reitzs

Remarks Fayette Str No 40 Lambert Neiß Hebamme

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13482

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. *Sex (state whether Male or Female)* Girl Baby
2. *Race or Color (if not of the white race)* Collard Child
3. *Date of Birth* August 26. 1876 of the mounth
4. *Place of Birth (Street and Number)* Pasale Street
5. *Full Name of Mother* Caroline Mack.
6. *Mother's Maiden Name* Caroline Hawkins.
7. *Mother's Birthplace* ~
8. *Full Name of Father* Wesly Mack.
9. *Father's Occupation* Cold P. Cart Drives
10. *Father's Birthplace* ~

Name of Medical Attendant, or other Person who makes this Return.

Address Carline Jones Mid Wife

Remarks

22 S Stockton Ally

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13483

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child,

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White race,
3. Date of Birth the ~~19~~ 26 of August 1876.
4. Place of Birth (Street and Number) No 1,71 Sarsone st.
5. Full Name of Mother Cate Forgenson.
6. Mother's Maiden Name Cate Carke,
7. Mother's Birthplace in Baltimore,
8. Full Name of Father Alvead Forgenson,
9. Father's Occupation a Officer,
10. Father's Birthplace in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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134811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 26th 1876
4. Place of Birth (Street and Number)	66 So. Bethel
5. Full Name of Mother	Elizabeth Annie Jackson
6. Mother's Maiden Name	Elizabeth Annie Tucker
7. Mother's Birthplace	Middlesex Co. Va
8. Full Name of Father	Wm. H. Jackson
9. Father's Occupation	Caulker
10. Father's Birthplace	Talbot Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	67 S. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13456

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 26th 1874
4. Place of Birth (Street and Number)	48 Hyde St.
5. Full Name of Mother	Amalie Bergemeier
6. Mother's Maiden Name	Bixton
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Bergemeier
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	
Remarks	

RETURN OF A BIRTH.

13486

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 26 th 1876
4. Place of Birth (Street and Number)	N. 628 Hanover st. Baltimore City
5. Full Name of Mother	Hennagen
6. Mother's Maiden Name	America
7. Mother's Birthplace	August Pfeil
8. Full Name of Father	Saxon
9. Father's Occupation	Germany
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13487

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.)~~

1. Sex (state whether Male ~~or Female)~~
2. Race or Color (if not of the white race)
3. Date of Birth Aug 26th, 476
4. Place of Birth (Street and Number) 27 N. Front St
5. Full Name of Mother Maggie Clabby
6. Mother's Maiden Name Maggie Cassidy
7. Mother's Birthplace Balt.
8. Full Name of Father Lewis F Clabby
9. Father's Occupation Plumber
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

John Morris

5 Fourth St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13488

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) ~~Female~~ Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 26th 1876
4. Place of Birth (Street and Number) Locust Point Cooksie St 118
5. Full Name of Mother Ellen Fetzgerald
6. Mother's Maiden Name Ellen Roughligen
7. Mother's Birthplace Co. Mayo Ireland
8. Full Name of Father Jeffs Fitzgerald
9. Father's Occupation Puddler
10. Father's Birthplace Co. Mayo Ireland

Name of Medical Attendant, or other Person who makes this Return. Margaretta Erdel

Address Locust Point Cuba St No 13th 1876

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

131189

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White race
3. Date of Birth	August 26 1889
4. Place of Birth (Street and Number)	Holland St No 46
5. Full Name of Mother	Helena Goyert
6. Mother's Maiden Name	" Kayser
7. Mother's Birthplace	Hanover Europe
8. Full Name of Father	August Goyert
9. Father's Occupation	Dray Driver
10. Father's Birthplace	Hanover Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Helbig
Address	48 Holland St Balto City
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13490

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 26
4. Place of Birth (Street and Number)	299 Alice Ann St
5. Full Name of Mother	Anna Kues
6. Mother's Maiden Name	" Mahr
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Kues
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Eldridge
Address	No 289 S Bond St
Remarks	

SEP 17 376

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 26 1876
4. Place of Birth (Street and Number) 64 Millemanstreet
5. Full Name of Mother Matilte Schroter
6. Mother's Maiden Name Motilte Cling
7. Mother's Birthplace Germane
8. Full Name of Father Carl St Schroter
9. Father's Occupation Maschiennist
10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. Marie Rudiger

Address 134 N. Bonstret

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13492

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NO. 30 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male ~~or Female~~) White
2. *Race or Color* (if not of the white race)
3. *Date of Birth* August 26th 1876
4. *Place of Birth* (Street and Number) S. Spring St. N° 144.
5. *Full Name of Mother* Anna Wolf.
6. *Mother's Maiden Name* Anna Lehneis
7. *Mother's Birthplace* Oberfellendorf. V. Baiern Germany
8. *Full Name of Father* Johann V. Wolf
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Wohlmeinsgesees V. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. N° 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 26 August

4. Place of Birth (Street and Number) 58 Lombard Street

5. Full Name of Mother Katharina Seidt

6. Mother's Maiden Name Friederig

7. Mother's Birthplace Baltimore

8. Full Name of Father John Seidt

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No. 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13491

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 26th 1876
4. Place of Birth (Street and Number)	No 339 Canton Ave
5. Full Name of Mother	Mena Myers
6. Mother's Maiden Name	Mena Winefrom
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Myers
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Key
Address	193 South Chester St
Remarks	Healthy Child

13195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 27th 1876
4. Place of Birth (Street and Number)	213 Fleet Street
5. Full Name of Mother	Christina Ricker
6. Mother's Maiden Name	" " Isle
7. Mother's Birthplace	Baden Germany
8. Full Name of Father	John Georg Ricker
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Wurtemberg Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	[illegible]
Remarks	[illegible]

rect Record of Vital Statistics in the City of Baltimore.

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13496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Aug 31

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colorde
3. *Date of Birth* Aug 27
4. *Place of Birth (Street and Number)* Brower Alley 14
5. *Full Name of Mother* Lucy Thomas
6. *Mother's Maiden Name* ~~Farrow~~ Smallwood Lucy Nelson
7. *Mother's Birthplace* Fairfax County
8. *Full Name of Father* John Thomson
9. *Father's Occupation* Sailer
10. *Father's Birthplace* Fairfax County

Name of Medical Attendant, or other Person who makes this Return. Geo Emmethers

Address. No 14 Brower Alley

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Aug. 27th 1876
4. Place of Birth (Street and Number) S. E. cor E. Ave. & Wash. st
5. Full Name of Mother Susan L. Hopkins
6. Mother's Maiden Name " " Feehan
7. Mother's Birthplace Balt. Md
8. Full Name of Father Daniel Hopkins
9. Father's Occupation Clerk
10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. Glanville Rush Md

Address Balt. & Wash. st

Remarks Natural.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13498

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* August 27th 1876
4. *Place of Birth* (Street and Number) No 2 Josephine St.
5. *Full Name of Mother* Catherine Mary Uhlenberg
6. *Mother's Maiden Name* C. M. Brookhergen
7. *Mother's Birthplace* Kingdom of Hahover
8. *Full Name of Father* Herman Henry Uhlenberg.
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Kingdom of Hanover

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race) white

3. Date of Birth August 27th 1876

4. Place of Birth (Street and Number) 69 N Exeter St

5. Full Name of Mother Alice Brown

6. Mother's Maiden Name Alice Luke

7. Mother's Birthplace City

8. Full Name of Father Arthur T Brown

9. Father's Occupation Carpenter

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. F A Warner M D

Address 256 N Eden St

Remarks

13500

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27th August
4. Place of Birth (Street and Number)	No 1 Holmes St
5. Full Name of Mother	Mary Foner
6. Mother's Maiden Name	" Lomax
7. Mother's Birthplace	Massachusetts
8. Full Name of Father	William Foner
9. Father's Occupation	Coachmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula E. Chrisman
Address	16 Harford Avenue
Remarks	

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

12501

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27th August
4. Place of Birth (Street and Number)	Willow St
5. Full Name of Mother	Rebecca Dagney
6. Mother's Maiden Name	" Roberts
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lawrence Dagney
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula L. Schriner
Address	16 Harford Ave
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13302

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	forth child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	collord
3. Date of Birth	27 august
4. Place of Birth (Street and Number)	236 Hughes St
5. Full Name of Mother	Carline Ball
6. Mother's Maiden Name	Carline Brown
7. Mother's Birthplace	Eastern Shore maryland
8. Full Name of Father	Luke Ball
9. Father's Occupation	Steamer dore
10. Father's Birthplace	Charles county
Name of Medical Attendant, or other Person who makes this Return.	Milly Gross
Address	311 hanbury St
Remarks	

13503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colord
3. Date of Birth 27 of August
4. Place of Birth (Street and Number) 173 Mulikin St to the right
5. Full Name of Mother Yulia Young
6. Mother's Maiden Name Sidney Lockman
7. Mother's Birthplace Westmoreland Co. Va
8. Full Name of Father John Young
9. Father's Occupation In Cotton Press
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Sidney Lockman

Address 212 Mulikin St hug of Arms st

Remarks " " "

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

No 13511

HEALTH DEPARTMENT AUG 28 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 27th 1874

4. Place of Birth (Street and Number) 24 Washington Road

5. Full Name of Mother Sarah E Zachman

6. Mother's Maiden Name " E Frazier

7. Mother's Birthplace Howard Co Md

8. Full Name of Father Lewis Zachman

9. Father's Occupation — Mechanic

10. Father's Birthplace York Pa.

Name of Medical Attendant, or other Person who makes this Return. L. L. Spicer Md

Address 379 W. Lombard St

Remarks

13303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) [illegible]

3. Date of Birth [illegible]

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace [illegible]

8. Full Name of Father [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13306

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 of August
4. Place of Birth (Street and Number)	163 Fourth street
5. Full Name of Mother	Fanny Kirby
6. Mother's Maiden Name	Fanny B Barton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles H Kirby
9. Father's Occupation	Laboring man
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park avenue
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13507

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
6
876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third child

1. *Sex* (state whether Male or Female) boy child

2. *Race or Color* (if not of the white race) dark

3. *Date of Birth* ~~august~~ august 27

4. *Place of Birth* (Street and Number) 1844 E Baltimore

5. *Full Name of Mother* Ann Eliza Smith

6. *Mother's Maiden Name* X

7. *Mother's Birthplace*

8. *Full Name of Father* John Smith

9. *Father's Occupation* X

10. *Father's Birthplace* X

Name of Medical Attendant, or other Person who makes this Return. Alice Hopkins M Nish

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
11
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 27
4. Place of Birth (Street and Number)	209 S. Ann St
5. Full Name of Mother	Christine Brokmann
6. Mother's Maiden Name	" Lauterbach
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fred. Brokmann
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Hudlage
Address	No 289 S. Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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13509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or ~~Female~~) White
2. Race or Color (if not of the white race) Sin [illegible] 27/76
3. Date of Birth
4. Place of Birth (Street and Number) N. E. Cor Lombard & Dewberry Alley
5. Full Name of Mother Mary Jane Dowling
6. Mother's Maiden Name Briden
7. Mother's Birthplace Balto Md
8. Full Name of Father Patk Dowling
9. Father's Occupation Mechanic
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. L. Spicer Mt

Address 379 W Lombard St.

Remarks

Extract Regulations of the Board of Health of the Mother Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13310

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male ~~or Female~~) [illegible]
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* August the 27. 1876.
4. *Place of Birth* (Street and Number) Millman St. No 60
5. *Full Name of Mother* Emilie Lindner
6. *Mother's Maiden Name* Emilie Lindner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Gallas St. No. 26.

Remarks

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 27. 1876
4. *Place of Birth (Street and Number)* S. Carolina St. No. 107.
5. *Full Name of Mother* Mettie Beshard
6. *Mother's Maiden Name* Mettie Argsbury
7. *Mother's Birthplace* Manslach Vr. Preussen Germany
8. *Full Name of Father* Heinrich Beschard
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
30
1875
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 of August
4. Place of Birth (Street and Number)	Battery Ave. No 272
5. Full Name of Mother	Mary Fadden
6. Mother's Maiden Name	Mary Kelly
7. Mother's Birthplace	County Tolaway
8. Full Name of Father	Patrick Fadden
9. Father's Occupation	Labar Works.
10. Father's Birthplace	County Mayo
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

Under regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	27 of August
4. Place of Birth (Street and Number)	Hamburg St No. 53
5. Full Name of Mother	Mary Thuman
6. Mother's Maiden Name	Mary Fermshausen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Philleph Thuman
9. Father's Occupation	Cappender
10. Father's Birthplace	Bausambrück Osnabrück in Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Ovw

13512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

Name of Child: George M. Wiese

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 28 1876
4. *Place of Birth (Street and Number)* 50 Molten Street
5. *Full Name of Mother* Margaret (~~Margrethe~~) (~~Weis~~) Wiese
6. *Mother's Maiden Name* " (~~Margreht~~) Schellenschlager
7. *Mother's Birthplace* Baltimor M.D.
8. *Full Name of Father* Johan (~~Weis~~) Wiese
9. *Father's Occupation* Potter
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond Stret

Remarks

13515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth (9th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28 1876
4. Place of Birth (Street and Number)	98 Chew St.
5. Full Name of Mother	Sarah A. Bolgiano
6. Mother's Maiden Name	Sarah A. Bachmiller
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John C. Bolgiano
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Benjn. A. Winslow
Address	178 Harford Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Collard
3. *Date of Birth* Aug 2 28
4. *Place of Birth (Street and Number)* 1 Thompson st
5. *Full Name of Mother* Alpertie Banks
6. *Mother's Maiden Name* unmarried
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address no 32 Short st

Remarks healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13517

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 28 1876
4. Place of Birth (Street and Number) 22 Elbow Lane
5. Full Name of Mother Sophia Ringold
6. Mother's Maiden Name
7. Mother's Birthplace Balto City
8. Full Name of Father Jacob Ringold
9. Father's Occupation Bill Sailor
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address No 71 Burgundy Alley

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13315

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Aug 28th 1876.
4. Place of Birth (Street and Number)	74 S. Exeter St.
5. Full Name of Mother	Anna E. Kennedy.
6. Mother's Maiden Name	Anna E. Cassidy.
7. Mother's Birthplace	Wilmington. Del.
8. Full Name of Father	Sam'l A. Kennedy.
9. Father's Occupation	Engineer.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jn°. F. Powell. M.D.
Address	72 E. Pratt St.
Remarks	Child in good physical condition.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13519

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th (Fifth)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 28th 1876
4. Place of Birth (Street and Number)	17 Waesche St.
5. Full Name of Mother	Mary Louisa Thomas
6. Mother's Maiden Name	Mary Louisa Young
7. Mother's Birthplace	Balto. County
8. Full Name of Father	William H. Thomas
9. Father's Occupation	Policeman
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. Shelton Hill M.D.
Address	432 W. Fayette St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13520

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 28th 1876
4. Place of Birth (Street and Number)	103 Harford Ave
5. Full Name of Mother	Emma J. McLaughlin
6. Mother's Maiden Name	Emma J. Harker
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Wm. J. McLaughlin
9. Father's Occupation	Fireman
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hamlet M.D.
Address	111 Greenmount Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 August
4. *Place of Birth (Street and Number)* 134 Central Ave
5. *Full Name of Mother* Lizzie Müller
6. *Mother's Maiden Name* Abentschein
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frederick Müller
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Germiny

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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No 102

13522

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 28, 1876
4. Place of Birth (Street and Number)	Kostel str No 3
5. Full Name of Mother	Barbara Schmidt
6. Mother's Maiden Name	Barbara Hess
7. Mother's Birthplace	Gottlau Hessen
8. Full Name of Father	Friedrich Schmidt
9. Father's Occupation	Wolf & Arbeiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Raunach
Address	South Wolf str No 28
Remarks	Midwife

That any physician, [illegible] person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13323

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
x (state whether Male or Female)	Female
ace or Color (if not of the white race)	White
te of Birth	28th August
ce of Birth (Street and Number)	11th 45 St Peter St
ll Name of Mother	Ann Leonard
her's Maiden Name	F. A. Leach
ther's Birthplace	Washington D.C
ll Name of Father	Peter Leonard
ther's Occupation	Soap Maker
ther's Birthplace	Georgetown D.C
Name of Medical Attendant, or other Person who makes this Return.	Mrs Goodman
Address	No 241 South Reca St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

133211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White race,
3. *Date of Birth* the 26 of August 1876.
4. *Place of Birth* (Street and Number) No 12 Union st.
5. *Full Name of Mother* Menne ~~Reinea~~ Heyler,
6. *Mother's Maiden Name* Menne Reinea,
7. *Mother's Birthplace* in Germany,
8. *Full Name of Father* Meachs Heyler,
9. *Father's Occupation* a Sleyler,
10. *Father's Birthplace* in Germany,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eisenlinger

Address No 14 Univr st

Remarks

13525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 28th 1876
4. Place of Birth (Street and Number) No 65 S. Bond St.
5. Full Name of Mother Katie Schaefer
6. Mother's Maiden Name Katie Hassouer
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Schaefer
9. Father's Occupation Printer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt

Address No 181 N. Central Av. near Monument St.

Remarks Tarable well

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

135216

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th August
4. Place of Birth (Street and Number)	185 Eutaw St
5. Full Name of Mother	Mary Ennis
6. Mother's Maiden Name	G Veith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	A. Ennis
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Ursula L. Chrismer
Address	16 Harford Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13527

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 29th 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex (state whether Male or Female)* Male. 1
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 28th 1876.
4. *Place of Birth (Street and Number)* 150 Wolfe St.
5. *Full Name of Mother* Martha Potter.
6. *Mother's Maiden Name* Martha Puthett.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Martin Potter.
9. *Father's Occupation* Fireman of ferry boat.
10. *Father's Birthplace* America.

Name of Medical Attendant or other Person who makes this Return. Mrs. M. Amend.

Address No 137 Wolfe St.

Remarks V

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13525

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 28th 1876
4. Place of Birth (Street and Number)	44 Woodyear St.
5. Full Name of Mother	Lydia Ann Osbourne
6. Mother's Maiden Name	Patterson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John G. Osbourn
9 Father's' Occupation	Fish dealer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	William B. Murray M.D
Address	10 N. Carey St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	White Male
2. Race or Color (if not of the white race)	
3. Date of Birth	28th August
4. Place of Birth (Street and Number)	No 2 Willow St
5. Full Name of Mother	Joanna Zell
6. Mother's Maiden Name	Johanna Moore
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Zell
9. Father's Occupation	Flouring Packer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charles Wilson
Address	35 Forest St
Remarks	Chairman Milken

13530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male heartlean.
2. Race or Color (if not of the white race) White
3. Date of Birth 28 August
4. Place of Birth (Street and Number) Wyeth street No 46
5. Full Name of Mother cathern Vetter
6. Mother's Maiden Name Matilda Vetter
7. Mother's Birthplace carnor carline and chew street
8. Full Name of Father georg gotlieb Vetter
9. Father's Occupation Laborer
10. Father's Birthplace germaney

Name of Medical Attendant, or other Person who makes this Return. Miss.

Address Katharina Sunbach

Remarks 439 West Lovett St

Return of Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 28th

4. Place of Birth (Street and Number) Hall street

5. Full Name of Mother Emma Sutton

6. Mother's Maiden Name Emma Frichel

7. Mother's Birthplace Baltimore

8. Full Name of Father Robert Sutton

9. Father's Occupation [illegible] Engineers

10. Father's Birthplace Detroit New York

Name of Medical Attendant, or other Person who makes this Return. Mayer Ettel

Address Cubic St. No. 13

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 28th 1876

4. Place of Birth (Street and Number) No 17½ Eden st

5. Full Name of Mother Kate Weiss

6. Mother's Maiden Name Kate Wetzel

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Weiss

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeiss

Address No 162 E Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) William James Johns

1. Sex (state whether Male or Female) male Child
2. Race or Color (if not of the white race) Collard
3. Date of Birth Born the 28 of August
4. Place of Birth (Street and Number) No 21 Naber. S.t
5. Full Name of Mother Mother Sarh Jane Gaynett
6. Mother's Maiden Name Charlotte Willson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Daniel Jones father
9. Father's Occupation Sail on Water
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Charlotte Willson

Address No 35 : E. S.t

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13534

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colloid
3. Date of Birth Aug. 28 1876
4. Place of Birth (Street and Number) 15 Lerew Ally
5. Full Name of Mother Marie Elisabeth ~~[illegible]~~ Jones
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore
8. Full Name of Father " " "
9. Father's Occupation " " "
10. Father's Birthplace " "

Name of Medical Attendant, or other Person who makes this Return. Ann Marie Dolphin

Address No 12 Lerew Ally

Remarks

This child lived three days only

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 28. 1876
4. *Place of Birth (Street and Number)* N. Spring St. No 30.
5. *Full Name of Mother* Mathilde Rossmann
6. *Mother's Maiden Name* Mathilde Lingelbach
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich Rossmann
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 28
4. Place of Birth (Street and Number)	74 S Exeter St
5. Full Name of Mother	Anna Kennady
6. Mother's Maiden Name	Anna Cassidy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Kennady
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Fleming
Address	No 97 Aisquith St Baltimore
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

13537

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 6 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 28th 1876
4. Place of Birth (Street and Number)	N° 1166 Hughes St
5. Full Name of Mother	Maggie Gadd
6. Mother's Maiden Name	Maggie Bell
7. Mother's Birthplace	Md
8. Full Name of Father	Samuel Gadd
9. Father's Occupation	Mariner
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. Biroth
Address	17 Warren av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 29th 1876
4. Place of Birth (Street and Number)	97. Leadenha
5. Full Name of Mother	Mille Bigle
6. Mother's Maiden Name	" Bern
7. Mother's Birthplace	" Baltimore
8. Full Name of Father	Heinrich Bile
9. Father's Occupation	Goldsmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Müneh
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 29 1876
4. Place of Birth (Street and Number)	20 Constitution Pl
5. Full Name of Mother	Kate E. Hagner
6. Mother's Maiden Name	Kate E. Ball
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Hagner
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Hagerstown Md
Name of Medical Attendant, or other Person who makes this Return.	Regina M Hunter
Address	198 Hanford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1 v

13540

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 29 of August 1876
4. Place of Birth (Street and Number) No 16 Abbott st
5. Full Name of Mother Maria Wisstam
6. Mother's Maiden Name Maria Garygan
7. Mother's Birthplace Bohemia
8. Full Name of Father Josef Wisstam
9. Father's Occupation Laborer
10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return. Katerma Pazourek

Address No 30 Abbott st

Remarks Born Live

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13341

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Aug. 29th 1876
4. Place of Birth (Street and Number)	85 Mc Elder St.
5. Full Name of Mother	Rachel Louisie Morton
6. Mother's Maiden Name	West
7. Mother's Birthplace	Washington Co. Pa.
8. Full Name of Father	Richard Lewis Morton
9. Father's Occupation	Sewing machine agent
10. Father's Birthplace	Franklin City Pa.
Name of Medical Attendant, or other Person who makes this Return.	E. P. Bons M.D.
Address	406 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13542

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th august 1876
4. Place of Birth (Street and Number)	62 Preston Street Baltimore
5. Full Name of Mother	Mary Carrigan Gambrill
6. Mother's Maiden Name	Mary Carrigan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Charles Gambrill
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C B Gamble M D
Address	40 Richmond Street
Remarks	

13543

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) —

3. Date of Birth 29th Aug. 1876

4. Place of Birth (Street and Number) 10 Castle St.

5. Full Name of Mother Bridget Gallager

6. Mother's Maiden Name Burke

7. Mother's Birthplace Ireland

8. Full Name of Father John Gallager

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13544

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) —

3. Date of Birth 29 Aug 1876.

4. Place of Birth (Street and Number) 232 Monument St.

5. Full Name of Mother Mary Snyder

6. Mother's Maiden Name J. Roedinger

7. Mother's Birthplace U. States of America

8. Full Name of Father Conrad Snyder

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 32 E Lombard St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

19343

HEALTH DEPARTMENT SEP 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 29th Aug. 1876.

4. Place of Birth (Street and Number) 169 Eden St.

5. Full Name of Mother Franciscus Falck

6. Mother's Maiden Name Torlett

7. Mother's Birthplace Germany

8. Full Name of Father Leonhard Falck

9. Father's Occupation Musician

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Rud. Casper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

The any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

19546

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 August Sun
4. Place of Birth (Street and Number)	23 Baltimore Street
5. Full Name of Mother	Louisa Fink
6. Mother's Maiden Name	Spilman
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Louis Fink
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	810 Granby
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

19547

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 29th 1876
4. Place of Birth (Street and Number)	45 Warren st.
5. Full Name of Mother	Matilde Schloer.
6. Mother's Maiden Name	Matilde Koerner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fred. W. Schloer
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Fisher
Address	No 11 South Eutaw st
Remarks	

13548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
2
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	Sept 29
4. Place of Birth (Street and Number)	29 Gilling St
5. Full Name of Mother	Matilda Shinkman
6. Mother's Maiden Name	Bethel
7. Mother's Birthplace	Balti
8. Full Name of Father	Frederick Shinkman
9. Father's Occupation	Laborer
10. Father's Birthplace	Balti
Name of Medical Attendant, or other Person who makes this Return.	Mary Rush
Address	328 S Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13549

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 31 376
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 29th 1876
4. Place of Birth (Street and Number)	246 Charles Street
5. Full Name of Mother	Dorte Stelkel
6. Mother's Maiden Name	" " Kleinchen
7. Mother's Birthplace	Germany
8. Full Name of Father	Friedrich Stelkel
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	94 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13550

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 29: 1876
4. Place of Birth (Street and Number) 379 McHenry St
5. Full Name of Mother Amanda Peach
6. Mother's Maiden Name Amanda Baxter
7. Mother's Birthplace Balti Co Md
8. Full Name of Father Joseph Peach
9. Father's Occupation Mechanic
10. Father's Birthplace Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Md

Address 379 W. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 29th 1876
4. Place of Birth (Street and Number)	158 Register St
5. Full Name of Mother	Sophie Bardelman
6. Mother's Maiden Name	Krans
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Anton Bardelman
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

135532.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	August 29th 1876.
4. Place of Birth (Street and Number)	23. N. Calhoun St.
5. Full Name of Mother	Laura N. Kimberly
6. Mother's Maiden Name	" " Wayne.
7. Mother's Birthplace	Nottingham, Eng.
8. Full Name of Father	Geo Kimberly
9. Father's Occupation	Merchant.
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	R. L. N. Tall. M.D.
Address	158 S. Sharp St.
Remarks	Child living.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colerd
3. Date of Birth	August. 29. 1876
4. Place of Birth (Street and Number)	Nine. st. 162
5. Full Name of Mother	Lusinder Clark.
6. Mother's Maiden Name	Lusinder. Lyon.
7. Mother's Birthplace	Clarksvill. F.C.C. M.d.
8. Full Name of Father	Samuel J. Clark.
9. Father's Occupation	Portar
10. Father's Birthplace	Baltimore. M.d.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Richardson
Address	212. Sawer. st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13554

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)	Third
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug: 29th 1876
4. Place of Birth (Street and Number)	381 Madison Av:
5. Full Name of Mother	Amelia Blakewell
6. Mother's Maiden Name	Amelia Wallis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm J. Blakewell
9. Father's Occupation	Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	W. B. Wilson Jr M.D.
Address	146 Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 29th
4. Place of Birth (Street and Number) 412 E. Balt. St.
5. Full Name of Mother Emma Robinson
6. Mother's Maiden Name Emma Walker
7. Mother's Birthplace Balt. City
8. Full Name of Father Edmund Robinson
9. Father's Occupation Coal Dealer
10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. Monmonier M.D.

Address S. W. cor. Calvert & Read Sts.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 29
4. Place of Birth (Street and Number)	Gilmor St & Presbyterian
5. Full Name of Mother	Annie A. Ford
6. Mother's Maiden Name	Annie A Hardcastle
7. Mother's Birthplace	Missouri
8. Full Name of Father	Chas E. Ford
9. Father's Occupation	Theatre Manager
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	Mulberry St. 148.
Remarks	Child Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White.
3. Date of Birth	August 29. 1876.
4. Place of Birth (Street and Number)	584 August St.
5. Full Name of Mother	Mary L. Jones.
6. Mother's Maiden Name	Mary L. Wilcox.
7. Mother's Birthplace	Maryland
8. Full Name of Father	Benjamin F. Jones.
9. Father's Occupation	Carpenter Maker.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hoeck M.D.
Address	70 E. Baltimore St.
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 29th 1876.
4. Place of Birth (Street and Number)	#149 E Chapel St.
5. Full Name of Mother	Chris B. Jones
6. Mother's Maiden Name	Christina Bloodgood.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry J. Jones.
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Timms
Address	No 178 E Chapel St.
Remarks	

SEP 5 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13559

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE, MD

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 30th 1876
4. *Place of Birth (Street and Number)* 117 Mulberry St
5. *Full Name of Mother* Frances Morgan
6. *Mother's Maiden Name* Frances Allen
7. *Mother's Birthplace* Georgetown, D.C.
8. *Full Name of Father* George Morgan
9. *Father's Occupation* Hay Dealer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm Howard, MD

Address 228 Saratoga St

Remarks – Natural labour at term, perfectly healthy 6 hours duration

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13560

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 30th 1876
4. Place of Birth (Street and Number)	No 72 S. High St.
5. Full Name of Mother	Elida V. Sisson
6. Mother's Maiden Name	nee Myers, m. Chamberlain
7. Mother's Birthplace	Virginia
8. Full Name of Father	Christopher R. Sisson
9. Father's Occupation	Salesman
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover Barre St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 30th 1876
4. Place of Birth (Street and Number) No 166 Ann Nine Street
5. Full Name of Mother Annie Starkes
6. Mother's Maiden Name
7. Mother's Birthplace Petersburg Wa
8. Full Name of Father Lovertine Starkes
9. Father's Occupation Carter
10. Father's Birthplace Petersburg Wa

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address 11 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male 9

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 30th Aug. 1876

4. Place of Birth (Street and Number) 156 McElderry St.

5. Full Name of Mother Lizzie Duncan

6. Mother's Maiden Name " Rider

7. Mother's Birthplace U. States of America

8. Full Name of Father Levi Duncan

9. Father's Occupation Surgeon

10. Father's Birthplace U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13563

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. *Sex* (state whether Male or Female)	Male
2. *Race of Color* (if not of the white race)	White
3. *Date of Birth*	Aug 30th 1876
4. *Place of Birth* (Street and Number)	29 Monument St
5. *Full Name of Mother*	Mary Rees
6. *Mother's Maiden Name*	O" Roney
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Philip W. Rees
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Christian
Address	16 Harford Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12561

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	10th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 30th
4. Place of Birth (Street and Number)	30 Wyman St
5. Full Name of Mother	Mary Garity
6. Mother's Maiden Name	" Regan
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Garity
9. Father's Occupation	Brass Finisher
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F Chrimes
Address	No 16 Harford ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13363

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th August
4. Place of Birth (Street and Number)	Johnson St ck 182.
5. Full Name of Mother	Catherine Collence
6. Mother's Maiden Name	Catherine Jamice
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Collence.
9. Father's Occupation	Police
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St N. 128
Remarks	

RETURN OF A BIRTH.

13566

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 376 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (~~state whether Male~~ or Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Aug 30th 1876
4. *Place of Birth* (Street and Number) Madison Ave near Preatman St
5. *Full Name of Mother* Barbara Kelly
6. *Mother's Maiden Name* Barbara Gumpman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Geo Kelly
9. *Father's Occupation* Car Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas E Sadtler

Address 649 Penna Ave -

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 103

13567

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13te

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 30 1876

4. Place of Birth (Street and Number) South Ann str No 271

5. Full Name of Mother Barbara Dannemann

6. Mother's Maiden Name Müller

7. Mother's Birthplace Ebersbach Wittenberg

8. Full Name of Father Georg Dannemann

9. Father's Occupation Habit Weber

10. Father's Birthplace Ebersbach Wittenberg

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Kalyach

Address South Wolf str No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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13565

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 30 1876
4. Place of Birth (Street and Number)	No 5 Vincent Street
5. Full Name of Mother	Caroline Schanell
6. Mother's Maiden Name	Caroline Fichelson
7. Mother's Birthplace	Mainz Germani
8. Full Name of Father	Friedrich Schanell
9. Father's Occupation	Music Teacher
10. Father's Birthplace	Cassel Germani
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dunzler
Address	No 60 North Schroeder St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13569

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30 of Aug. 1876
4. Place of Birth (Street and Number) 170 Olan st.
5. Full Name of Mother Jane L. Wilson
6. Mother's Maiden Name Jane L. Ritchie
7. Mother's Birthplace Baltimore City
8. Full Name of Father Archibald Wilson
9. Father's Occupation Soap Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return May Matter

Address 125 N. Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 30
4. Place of Birth (Street and Number)	Patam st No 8
5. Full Name of Mother	Mary Harris
6. Mother's Maiden Name	Irland
7. Mother's Birthplace	John Fennen
8. Full Name of Father	Farmer
9. Father's Occupation	Irland
10. Father's Birthplace	Mrs E Sinclair
Name of Medical Attendant, or other Person who makes this Return.	No 818 Pratt st
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 30th 1876
4. Place of Birth (Street and Number)	27 Myrtle Ave.
5. Full Name of Mother	Laura Virginia Byrnes
6. Mother's Maiden Name	Armstrong
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas James Byrnes
9. Father's Occupation	Shipping Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Winneberger
Address	23 N. Liberty St.
Remarks	

Further Regulations of the Board of Health.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 30
4. Place of Birth (Street and Number)	302 Canton Av
5. Full Name of Mother	Mary Schammel
6. Mother's Maiden Name	Hamburger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Schammel
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Hindlage
Address	No 289 S Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

L3573

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1916

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Augt. 30 1870

4. Place of Birth (Street and Number) No. 105 Bank St

5. Full Name of Mother Mary Batty

6. Mother's Maiden Name Jones

7. Mother's Birthplace Balto City

8. Full Name of Father George Batty

9. Father's Occupation Store Maker

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 30th 1876
4. *Place of Birth (Street and Number)* 242 Conway St
5. *Full Name of Mother* Elizabeth C Bell
6. *Mother's Maiden Name* Baldwin
7. *Mother's Birthplace* Va
8. *Full Name of Father* James H Bell
9. *Father's Occupation* Locomotive Engineer
10. *Father's Birthplace* Cumberland Md

Name of Medical Attendant, or other Person who makes this Return. J H Curzey

Address 76 Stara St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 30th 1896
4. Place of Birth (Street and Number)	1186 E Chapel St.
5. Full Name of Mother	L. D. Schweiger
6. Mother's Maiden Name	Lizzie Dunnigan
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Valentine Schweiger
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	No. 178 S Chapel St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT SEP 5 376 BALTIMORE

13576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	august 30th 1876
4. Place of Birth (Street and Number)	51 Williamson st
5. Full Name of Mother	Sarah Catherine Burrows
6. Mother's Maiden Name	Sarah Catherine Fisher
7. Mother's Birthplace	Dorchester Co. Md
8. Full Name of Father	James. H. Burrows
9. Father's Occupation	Woodcraft
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	O. A. Cooke
Address	Cor. Lee & Hanover sts.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August 30 1876
4. *Place of Birth (Street and Number)* Balt Mason Alley No 1
5. *Full Name of Mother* Sarah Jenkins
6. *Mother's Maiden Name* Jackson
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Benjamin Jenkins
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Mary A Darby

Address

Remarks

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 31 1876
4. Place of Birth (Street and Number)	85 Pierce St
5. Full Name of Mother	Janie Milberry
6. Mother's Maiden Name	Milberry
7. Mother's Birthplace	Fredericksburg
8. Full Name of Father	John Smith
9. Father's Occupation	Don't Know
10. Father's Birthplace	Don't Know
Name of Medical Attendant, or other Person who makes this Return.	Susan E Armstrong
Address	No. 8. Freeman St
Remarks	none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 31st 1876

4. Place of Birth (Street and Number) 11 St Peter's St

5. Full Name of Mother Matilda W Corsey

6. Mother's Maiden Name Cointhwait

7. Mother's Birthplace Kentucky

8. Full Name of Father James E Corsey

9. Father's Occupation Locomotive Engineer

10. Father's Birthplace Caroline Co Md

Name of Medical Attendant, or other Person who makes this Return. J H Curry

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 8th

1. Sex (state whether Male or Female) Female health
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 31st of August 1876
4. Place of Birth (Street and Number) No 20 Calverton Road
5. Full Name of Mother Maggie Pickert
6. Mother's Maiden Name M. Lentz
7. Mother's Birthplace born Brusia Germany
8. Full Name of Father Peter Pickert
9. Father's Occupation laborer
10. Father's Birthplace born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

19581

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	31st Aug
4. Place of Birth (Street and Number)	196 East St
5. Full Name of Mother	Laura Hickman
6. Mother's Maiden Name	Ball
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Laurence Hickman
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula E Schriener
Address	16 Hanford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether Male or~~ Female) -

2. Race or Color (if not of the white race) African

3. Date of Birth Aug 31 st

4. Place of Birth (Street and Number) 621 Penna Ave

5. Full Name of Mother Lizzie Young

6. Mother's Maiden Name Lizzie Harvey

7. Mother's Birthplace Baltimore

8. Full Name of Father Chas Emory Young

9. Father's Occupation Coachman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas E Hadtler

Address 649 Penna Ave

Remarks

HEALTH DEPARTMENT SEP 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13583

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second -
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White -
3. Date of Birth	August 31-76.
4. Place of Birth (Street and Number)	116 N. Calvert — St
5. Full Name of Mother	Jennie E. Doyle
6. Mother's Maiden Name	Russell
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Alfred Courtney Doyle
9. Father's Occupation	Druggist.
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene st -
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13584

HEALTH DEPARTMENT SEP 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	31st Aug 1876
4. Place of Birth (Street and Number)	23 Tyson alley
5. Full Name of Mother	Margaret Pew
6. Mother's Maiden Name	Margaret Dunn
7. Mother's Birthplace	Princess Ann co Md
8. Full Name of Father	Henry Pew
9. Father's Occupation	Waiter
10. Father's Birthplace	Princess Ann
Name of Medical Attendant, or other Person who makes this Return.	C B Gamble M D
Address	40 Richmond st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth august 31 1876

4. Place of Birth (Street and Number) 92 Johnson st

5. Full Name of Mother Laura Colwell

6. Mother's Maiden Name Laura E. Mayer

7. Mother's Birthplace Helena Kent Cy. Md

8. Full Name of Father John Colwell

9. Father's Occupation Caulker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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13586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~)

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth August 31 '76
4. Place of Birth (Street and Number) 7 Warner St
5. Full Name of Mother Mary Conway
6. Mother's Maiden Name O Conner
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father Richard Conway
9. Father's Occupation Laborer
10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return. H L Bicarmo

Address 379 W Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13587

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
3
376
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	~~Female~~
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 31
4. Place of Birth (Street and Number)	Brues st No 8
5. Full Name of Mother	Kalfrin Stidel
6. Mother's Maiden Name	Kalfrin Swally
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charls F Stidel
9. Father's Occupation	stone Mason
10. Father's Birthplace	germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E Sinclair
Address	No 818 Pratt st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

...of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) White

Date of Birth Aug the 31. st

Place of Birth (Street and Number) Gaun st No 166

Full Name of Mother Mary Elizabeth

Mother's Maiden Name Kirby

Mother's Birthplace Baltimore

Full Name of Father John Henry Little

Father's Occupation Huckster

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Guy

Remarks

...rect Record of Vital St... of Baltimore.

RETURN OF A BIRTH.

13589

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 31
4. Place of Birth (Street and Number)	Baltimore No 904 S. Charles Street
5. Full Name of Mother	Ellen Gray
6. Mother's Maiden Name	" Bobee
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Gray
9. Father's Occupation	Ship joiner
10. Father's Birthplace	Baltimore MD
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 226 Montgomery Street
Remarks	

rect Record of Vita. Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 31st 1876
4. Place of Birth (Street and Number)	286 Hanover Street
5. Full Name of Mother	Anna Kluch
6. Mother's Maiden Name	" " Lang
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Christian Kluch
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Mingo
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7	
1. *Sex* (state whether Male or Female)	Female	
2. *Race or Color* (if not of the white race)	White	
3. *Date of Birth*	August 31	1876
4. *Place of Birth* (Street and Number)	Locust Point	Hull Street
5. *Full Name of Mother*	Ellen Hart	
6. *Mother's Maiden Name*	Ellen	Rune
7. *Mother's Birthplace*	Ireland	
8. *Full Name of Father*	Michael	Hart
9. *Father's Occupation*	Laborer	
10. *Father's Birthplace*	Ireland	
Name of Medical Attendant, or other Person who makes this Return.	Margret E Lee	
Address	Cubia Street No 13	
Remarks		

Per Record of Vital Statistics in the City of Baltimore.

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13592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 31" 1876
4. Place of Birth (Street and Number)	17 Slemmers Alley
5. Full Name of Mother	Elizabette McGrieky
6. Mother's Maiden Name	Delaygd
7. Mother's Birthplace	John McGreery
8. Full Name of Father	Ireland
9. Father's Occupation	Mrs Oneal
10. Father's Birthplace	
Name of ~~Doctor~~ Attendant, or other Person who makes this Return.	
Address	
Remarks	This child lived only 15 days

rect Record of Vital Statistics in the City of Baltimore.

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13593

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) color
3. Date of Birth august 31.1876
4. Place of Birth (Street and Number) york ~~th~~ street 102
5. Full Name of Mother Laria Smith ~~virginia~~
6. Mother's Maiden Name
7. Mother's Birthplace savania virginia
8. Full Name of Father ambrose Smith
9. Father's Occupation yoster schuker
10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs mary Reese

Address hamburg street 209

Remarks remarkable well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13594

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 31st August
4. Place of Birth (Street and Number) O'Donnell st no Number
5. Full Name of Mother Sarah Goodermoch
6. Mother's Maiden Name Sarah Jones
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Goodermoch
9. Father's Occupation Basket Maker
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address 104 Curley st Canton

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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13595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Blk
3. Date of Birth 31 August 1876
4. Place of Birth (Street and Number) 19 S. Durham
5. Full Name of Mother Barbara Kankras
6. Mother's Maiden Name Babara Thomas
7. Mother's Birthplace Maryland
8. Full Name of Father E. Kankras
9. Father's Occupation Laborer
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. M Lederer

Address 23 S. Durham St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13596

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male 1
2. Race or Color (if not of the white race) Colered
3. Date of Birth August 31 1876
4. Place of Birth (Street and Number) Balt Sarah Ann St No 76
5. Full Name of Mother Martha Williams
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Robert Williams
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address No 83 Oxford St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th	10th
1. Sex (state whether Male or Female)	Female	Female
2. Race or Color (if not of the white race)	White	White
3. Date of Birth	Aug 4th 1876	Aug 4th 1876
4. Place of Birth (Street and Number)	58 S. Carey	58 S. Carey
5. Full Name of Mother	Emma ~~[illegible]~~ Shrimp	Emma Shrimp
6. Mother's Maiden Name	Emma ~~[illegible]~~ Hollett	Emma Hollett
7. Mother's Birthplace	Md ~~Martin P. Shrimp~~	Maryland
8. Full Name of Father	Martin P. Shrimp	Martin P. Shrimp
9 Father's Occupation	Police	Sargt of Police
10. Father's Birthplace	Md	Maryland
Name of Medical Attendant, or other Person who makes this Return.	~~Geo~~ J B Reynolds	
Address	34 North Calvert	
Remarks		

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 6th 1876
4. Place of Birth (Street and Number)	23 Lowe St
5. Full Name of Mother	Annie McFadden
6. Mother's Maiden Name	Annie Doran
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick McFadden
9. Father's Occupation	Pedlar
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	1½ S Exeter St
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13599

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Aug 10th 1876
4. *Place of Birth* (Street and Number)	~~Mary Louisa Warfield~~ 116 E Lexington St
5. *Full Name of Mother*	Mary Louisa Warfield
6. *Mother's Maiden Name*	Lenthicum
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	D Hiram Warfield
9 *Father's Occupation*	Commission business
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M.D.
Address	262 Madison St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13600

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 13th 1876
4. Place of Birth (Street and Number)	266 Argyle st
5. Full Name of Mother	Marian Thing
6. Mother's Maiden Name	Gausuch
7. Mother's Birthplace	Balto Co Md
8. Full Name of Father	Wm C. King
9 Father's Occupation	Clerk
10. Father's Birthplace	Norfolk Va
Name of Medical Attendant, or other Person who makes this Return.	Edwd C Price M.D.
Address	262 Madison st
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 5 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 27. 1876
4. Place of Birth (Street and Number)	56 Mc Mechin St
5. Full Name of Mother	Bridget Clark
6. Mother's Maiden Name	" McKenna
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Clark
9. Father's Occupation	Car driver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	B B Browne M.D.
Address	307 Madison Av
Remarks	

rrect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 30th 1876
4. Place of Birth (Street and Number) 57 North Schroder St
5. Full Name of Mother Mary Elizabeth Loane
6. Mother's Maiden Name Mary Elizabeth Crawford
7. Mother's Birthplace Baltimore City
8. Full Name of Father Augustus Monroe Loane
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J Wm Correll M D

Address 28 S. Green St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1860.3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 18th 1875
4. Place of Birth (Street and Number)	215 Jefferson St
5. Full Name of Mother	Annie Ella Sherman Price
6. Mother's Maiden Name	
7. Mother's Birthplace	Ohio
8. Full Name of Father	Harry P. Sherman
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M. D.
Address	262 Madison St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 22d 1875
4. Place of Birth (Street and Number)	320 E Chase St
5. Full Name of Mother	Amelia H Perry
6. Mother's Maiden Name	Love
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ancell C Perry
9 Father's Occupation	Shoe Manufacturer
10. Father's Birthplace	Connecticut
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	262 Madison Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

13603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 25th 1875
4. Place of Birth (Street and Number)	345 N Stricker St
5. Full Name of Mother	Mary Emma Price
6. Mother's Maiden Name	Mary Emma Price
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Benj Price
9. Father's Occupation	Engineer for Sale Paints Oils
10. Father's Birthplace	Alexandria Va
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M D.
Address	262 Madison ave
Remarks	

ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 1
4. *Place of Birth (Street and Number)* 41 Castland st
5. *Full Name of Mother* Malvenie Ringold
6. *Mother's Maiden Name* not married
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address no 32 Hart st

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Act Record of Vital Statistics in the City of Baltimore.

13607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7. Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colloid
3. Date of Birth Sep th 1. 1876
4. Place of Birth (Street and Number) 152 North howard St
5. Full Name of Mother Mary A henry
6. Mother's Maiden Name Mary A Perkins
7. Mother's Birthplace Easton Shore V A
8. Full Name of Father Edward henry
9. Father's Occupation Corchman
10. Father's Birthplace hargest town M

Name of Medical Attendant, or other Person who makes this Return. Lucy upsher

Address 134 South Eutaw

Remarks Baltimore M D

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 1st 1876
4. Place of Birth (Street and Number)	No 35 Mc Elderry st
5. Full Name of Mother	Mary Anna Wünsch
6. Mother's Maiden Name	Mary Anna Walter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Herman C. Wünsch
9. Father's Occupation	Machinist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dena H. Hayes
Address	No 182 Normandie st.
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	September 1st 1876
4. Place of Birth (Street and Number)	Eden St # 248
5. Full Name of Mother	Charlotte Meade
6. Mother's Maiden Name	" " Sporleder
7. Mother's Birthplace	Hanover Europe
8. Full Name of Father	Ernest Meade
9. Father's Occupation	Carpenter
10. Father's Birthplace	Hanover Europe
Name of Medical Attendant, or other Person who makes this Return.	Madme Uellig
Address	48 Holland St / Balto Md
Remarks	

13610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 1st Sept 1876
4. *Place of Birth (Street and Number)* 49 President St.
5. *Full Name of Mother* Ellen Malana
6. *Mother's Maiden Name* " Stalleson
7. *Mother's Birthplace* U. States of America
8. *Full Name of Father* Dennis Malana
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U. States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

136011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 1st Sept 1876

4. Place of Birth (Street and Number) 11 Eden St.

5. Full Name of Mother Annie Brandt

6. Mother's Maiden Name Goldemyer

7. Mother's Birthplace Ft Slater

8. Full Name of Father Wm Brandt

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Act Relative to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13612

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP 11 1876 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	1st Sept 1876.
4. Place of Birth (Street and Number)	19 Caroline St.
5. Full Name of Mother	Lula Montgomery
6. Mother's Maiden Name	Gibby
7. Mother's Birthplace	U. States of America
8. Full Name of Father	Robert Montgomery
9. Father's Occupation	Hackdriver
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carper
Address	52 E Lombard St
Remarks	

13613

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White -
3. Date of Birth	September 1 - 1876 -
4. Place of Birth (Street and Number)	Penna. Avenue splended
5. Full Name of Mother	Margaret Catherine Carmichael Smith
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Thomas E. Carmichael
9. Father's Occupation	Butcher
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	1 September
4. Place of Birth (Street and Number)	Liberty St N 24
5. Full Name of Mother	Mary Brogan
6. Mother's Maiden Name	Mary Fish
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Isaac Brogan
9. Father's Occupation	Tin Worker
10. Father's Birthplace	N. York
Name of Medical Attendant, or other Person who makes this Return.	Martin Fish D.M.
Address	S Bond St N 75
Remarks	Do

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

13615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 1st
4. Place of Birth (Street and Number)	54 Portland St
5. Full Name of Mother	Thorkett Leitz
6. Mother's Maiden Name	Langewich
7. Mother's Birthplace	Hanover Ger
8. Full Name of Father	John Leitz
9. Father's Occupation	Painter
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	May Kirk
Address	5 2d S Eastern
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September the 1st 1876
4. Place of Birth (Street and Number)	157 Henrietta Street
5. Full Name of Mother	Caroline Barker
6. Mother's Maiden Name	" " " Kircher
7. Mother's Birthplace	Germany
8. Full Name of Father	August Barker
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catharina Mundt
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	ten chilren
1. Sex (state whether Male or Female)	Male child
2. Race or Color (if not of the white race)	(
3. Date of Birth	Sepber 1
4. Place of Birth (Street and Number)	No 88 S Durhom st
5. Full Name of Mother	Mary Jane Moore
6. Mother's Maiden Name	X
7. Mother's Birthplace	/
8. Full Name of Father	John W. Moore
9. Father's Occupation	occupation colrer
10. Father's Birthplace	X
Name of Medical Attendant, or other Person who makes this Return.	Sid wife Schoplin
Address	
Remarks	/

Record of Vital Statistics in the City of Baltimore.

The [illegible]y physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within [illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13618

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 1st. 1876.
4. Place of Birth (Street and Number)	407 E. Eager St.
5. Full Name of Mother	Ann E. Hutchins,
6. Mother's Maiden Name	" Bennett,
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	Wm. Hutchins,
9. Father's Occupation	Steam fitter,
10. Father's Birthplace	Newberne N. C.
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville, Clerk Mid.
Address	Balt. & Wash. R.R.
Remarks	Natural

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth September 1st
4. Place of Birth (Street and Number) 131 N. Eden St
5. Full Name of Mother Louisa Trissell
6. Mother's Maiden Name " Norris
7. Mother's Birthplace Pennsylvania
8. Full Name of Father George Trissell
9. Father's Occupation Salesman
10. Father's Birthplace Massachusetts

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th) Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 1st 1876
4. Place of Birth (Street and Number) ~~#~~ 7 Burk St
5. Full Name of Mother Mary Purser
6. Mother's Maiden Name Mary Dausch
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Purser
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address # 435 Alice Anna St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 1the 1876.
4. *Place of Birth (Street and Number)* N. Gay St. No. 336.
5. *Full Name of Mother* Wilhelmine Valentine
6. *Mother's Maiden Name* Wilhelmine Oehler
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Henry Valentine
9. *Father's Occupation* Restaurant.
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

Register Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth Sept 1 1876

4. Place of Birth (Street and Number) greens court No 14

5. Full Name of Mother Margret Baily

6. Mother's Maiden Name Margret Jones

7. Mother's Birthplace Baltimore

8. Full Name of Father John Baily

9. Father's Occupation Sailor

10. Father's Birthplace Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 92 hamburg St

Remarks Mother and child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13623

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 1. 1876
4. Place of Birth (Street and Number)	Lexington and ~~Eutaw~~ Jasper Sts
5. Full Name of Mother	Elizabeth O' Hara.
6. Mother's Maiden Name	Smith
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James O'Hara
9 Father's Occupation	Saloon Keeper
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr W. P. Morgan
Address	175 Saratoga St
Remarks	

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

139621

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 1st 1876
4. Place of Birth (Street and Number)	341 E. Fayette st
5. Full Name of Mother	Ellen Scully
6. Mother's Maiden Name	Ellen Cuddley
7. Mother's Birthplace	Balt. City
8. Full Name of Father	John Scully
9. Father's Occupation	Horsenails supplies
10. Father's Birthplace	Belfast Ireland
Name of Medical Attendant, or other Person who makes this Return.	John F. Monmonier M.D.
Address	5th Calvert & Fayette
Remarks	

13625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Serenth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	September 1st 1876
4. Place of Birth (Street and Number)	17 N. Boundary Ave
5. Full Name of Mother	Margaret Augusta Renehan
6. Mother's Maiden Name	Benzinger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Henry Renehan
9. Father's Occupation	Merchant
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jane Winnebenger
Address	23 N. Liberty St,
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Sept. 18th
4. Place of Birth (Street and Number) 403 Holling Str
5. Full Name of Mother Mary
6. Mother's Maiden Name Weber
7. Mother's Birthplace Balto.
8. Full Name of Father Alfred Raynal
9. Father's Occupation Mehr
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. D Hellorawitz MD

Address 137 W. Fayette St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

132627

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 14th 1876
4. Place of Birth (Street and Number)	43 Breme St
5. Full Name of Mother	Elizabeth R Robinson
6. Mother's Maiden Name	Shaffer
7. Mother's Birthplace	Indiana
8. Full Name of Father	Geo D P Robinson
9 Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	262 Madison st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 3 1876
4. Place of Birth (Street and Number) 153 German
5. Full Name of Mother Bolue
6. Mother's Maiden Name Kammer
7. Mother's Birthplace Balto
8. Full Name of Father Fred. Bolue
9. Father's Occupation Tobacconist
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. W. M. Kemp Md

Address 53 N. Green

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1876

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) [redacted] child

1. Sex (~~state whether Male or~~ Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 2nd 1876
4. Place of Birth (Street and Number) No 198 South Ann st
5. Full Name of Mother Sarah Jane Cushing
6. Mother's Maiden Name Sarah Jane Somers
7. Mother's Birthplace Baltimore City
8. Full Name of Father James Cushing
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Thomas R. Evans M.D.

Address No 18 Jackson Square

Remarks Baltimore M.D.

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 2nd 1876

4. Place of Birth (Street and Number) 217 W Pratt St

5. Full Name of Mother Dora A. J. Sonneborne

6. Mother's Maiden Name Stelling

7. Mother's Birthplace Germany

8. Full Name of Father John K. Sonneborne

9. Father's Occupation Barber

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. I. H. Cuney

Address 76 Spaca St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* September 2th 1867 (1876)
4. *Place of Birth (Street and Number)* No 2 [illegible]
5. *Full Name of Mother* Carline Holzberker
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* W. Lebstuckey
9. *Father's Occupation* paper carry
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bundel

Address No 208 South Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Colored.
3. Date of Birth September. 2nd.
4. Place of Birth (Street and Number) No. 65 Sarah Ann st.
5. Full Name of Mother Isabella Coxen.
6. Mother's Maiden Name
7. Mother's Birthplace Montgomery County. Md.
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Francis Colk.

Address No. 10 Penn alley.

Remarks

Extract Reg[illegible] ...ith to [illegible] full and correct Record of Vital [illegible] the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 2nd 1876
4. *Place of Birth (Street and Number)* 386 Light St
5. *Full Name of Mother* Laura A Ryland
6. *Mother's Maiden Name* Lockett
7. *Mother's Birthplace* N Carolina
8. *Full Name of Father* Ruben H Ryland
9. *Father's Occupation* Gravel Roofer
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Conway

Address 76 S Paca St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13634

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 1st 1876
4. Place of Birth (Street and Number) No 195 East st
5. Full Name of Mother Mary Mc-Shane
6. Mother's Maiden Name Mary Affayron
7. Mother's Birthplace Baltimore
8. Full Name of Father John Mc-Shane
9. Father's Occupation Brossfinisher
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address No 122 Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 104

13635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 2 1875
4. Place of Birth (Street and Number) Ostern Ave 428
5. Full Name of Mother Katula Klein
6. Mother's Maiden Name Katschmarusky
7. Mother's Birthplace Posen
8. Full Name of Father Emil Klein
9. Father's Occupation Arbeiter
10. Father's Birthplace Bromberg Schlesien

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Raupach

Address South Wolfstr No 28

Remarks Midwife

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept 2nd 1876
4. Place of Birth (Street and Number)	Parrish Street
5. Full Name of Mother	Caroline Henderson
6. Mother's Maiden Name	
7. Mother's Birthplace	Washington Neck
8. Full Name of Father	William Henderson
9. Father's Occupation	Coachman
10. Father's Birthplace	Petersburg Va.
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Proctor
Address	11 Carlton Ave
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept 2d 1876
4. Place of Birth (Street and Number)	3 Sterreth St.
5. Full Name of Mother	Thoretha Wetter
6. Mother's Maiden Name	T. Tauber
7. Mother's Birthplace	Prussian
8. Full Name of Father	Wm George Wetter
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl Street
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 2- 1876
4. Place of Birth (Street and Number)	358 Franklin St.
5. Full Name of Mother	Sarah H. Davis
6. Mother's Maiden Name	English
7. Mother's Birthplace	Frederick City, Md.
8. Full Name of Father	Andrew Davis
9. Father's Occupation	Stair builder
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 2nd '76 -
4. Place of Birth (Street and Number)	254 Park Avenue
5. Full Name of Mother	Louisa Mann Grimes
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	George Mann
9. Father's Occupation	Carver
10. Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13640

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 2nd
4. Place of Birth (Street and Number)	184 East St
5. Full Name of Mother	Margaret McDevitt
6. Mother's Maiden Name	Donohue
7. Mother's Birthplace	Ireland
8. Full Name of Father	Cornelius McDevitt
9. Father's Occupation	Peddler
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Schreiner
Address	16 Harford Ave
Remarks	

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Sept 2nd
4. *Place of Birth* (Street and Number)	Hanover St
5. *Full Name of Mother*	Catharine Kelly
6. *Mother's Maiden Name*	" Clancey
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Mathew Kelly
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Chrisman
Address	16 Harford Ave
Remarks	

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 2nd 1876
4. Place of Birth (Street and Number)	182 Burgunte St.
5. Full Name of Mother	Mary Collison
6. Mother's Maiden Name	" " Kane
7. Mother's Birthplace	Ireland
8. Full Name of Father	Edward Collison.
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Anna Mc Gee
Address	Hamburg St. near Paca
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

12643

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Child 1

1. *Sex* (state whether Male or Female) Mail Child

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* September 2 1876

4. *Place of Birth* (Street and Number) Tonsae Street no 82

5. *Full Name of Mother* Julia A Hamel

6. *Mother's Maiden Name* Julia A Wells

7. *Mother's Birthplace* Amarica

8. *Full Name of Father* Thomas Hamel

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Amarica

Name of Medical Attendant, or other Person who makes this Return. Margret Erdel

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

136411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
5
316
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	September 2 - 1876
4. Place of Birth (Street and Number)	1 & 2. Front St.
5. Full Name of Mother	Lucy Fitzgerald
6. Mother's Maiden Name	Lucy Gillen
7. Mother's Birthplace	Indiana.
8. Full Name of Father	James Fitzgerald
9. Father's Occupation	Picking Dealer.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hancock M.D.
Address	75 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 2d 1876
4. Place of Birth (Street and Number)	No 196 E Bank Str F P
5. Full Name of Mother	E. V. Hogle
6. Mother's Maiden Name	E. V. Hartman
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Francis Ogle
9. Father's Occupation	Moulder
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	No 178 S Chapel St F P
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
25
876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six 6

1. *Sex (~~state whether~~ Male or ~~Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* September 2nd Year 1876
4. *Place of Birth (Street and Number)* No 328 East Biddle Street
5. *Full Name of Mother* Elexina Clara Glanville
6. *Mother's Maiden Name* Elexina Clara Fairchild
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* James Offley Glanville
9. *Father's Occupation* Collector
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Geo H. Hopson M.D

Address 18 Augusta St Baltimore

Remarks

13647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2 September
4. *Place of Birth (Street and Number)* Eutaw 102
5. *Full Name of Mother* Kungunda Hopf
6. *Mother's Maiden Name* Kunigunda Pistel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Simon Hopf
9. *Father's Occupation* fitter
10. *Father's Birthplace* Germaney

Name of Medical Attendant, or other Person who makes this Return. Katharina Seeboy

Address 439 West Lenth St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) one

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord
3. Date of Birth September the 3. 1876
4. Place of Birth (Street and Number) Baltimore Darham Street 912
5. Full Name of Mother Lucinda Balord
6. Mother's Maiden Name Lucinda Johnson
7. Mother's Birthplace Virginey
8. Full Name of Father Levin Balord
9. Father's Occupation Labor
10. Father's Birthplace Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. Lucindy Woolford

Address Regesser St 130

Remarks Non

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 3rd
4. Place of Birth (Street and Number) 41. Stockton St.
5. Full Name of Mother Mary. Mann
6. Mother's Maiden Name
7. Mother's Birthplace York. Pensylvania
8. Full Name of Father Anthony Mann
9. Father's Occupation Mashinist
10. Father's Birthplace York. Pa

Name of Medical Attendant, or other Person who makes this Return. Louis Ch. Horn M.D.

Address 226 Mulberry St.

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

19650

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* september 3
4. *Place of Birth (Street and Number)* 70 Hart st
5. *Full Name of Mother* Mary Ann Irvin
6. *Mother's Maiden Name* Mary Ann Gibson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Irvin Irvin
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Gibson

Address no 32 Hart st

Remarks Delicate Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13651

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 3 ed 1876
4. Place of Birth (Street and Number)	No 335 Humbury st.
5. Full Name of Mother	Elise Kehn
6. Mother's Maiden Name	Gleser
7. Mother's Birthplace	America
8. Full Name of Father	Adam Kehn
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Loshwasser midwife
Address	213 Cross st.
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3 ed Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 3 ed 1876
4. Place of Birth (Street and Number)	No 48 Beavan st.
5. Full Name of Mother	Mary Schweider
6. Mother's Maiden Name	Hippkin
7. Mother's Birthplace	America
8. Full Name of Father	George Schweier
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lechwesser midwife
Address	No 213 Cross st.
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

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13653

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 8 ed 1876
4. Place of Birth (Street and Number)	Brooklyn Md.
5. Full Name of Mother	Caroline Woolrich
6. Mother's Maiden Name	Gieseking
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Woolrich
9. Father's Occupation	Baarkeeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st.
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13634

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th	
1. Sex (state whether Male or Female)	Female	
2. Race or Color (if not of the white race)	White	
3. Date of Birth	September 3rd 1876	110
4. Place of Birth (Street and Number)	No 49 Mc Elderry St	65
5. Full Name of Mother	Margret Kalp	200 240
6. Mother's Maiden Name	Margret Hartman	260
7. Mother's Birthplace	Germany	
8. Full Name of Father	John Kalp	
9. Father's Occupation	Bookbinder	
10. Father's Birthplace	Germany	
Name of Medical Attendant, or other Person who makes this Return.	Henda Hillegeist	
Address	No 182 E. Monument St	
Remarks		

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	24th Sept. 1876
4. *Place of Birth* (Street and Number)	5 N. Bond st.
5. *Full Name of Mother*	L. A. ~~Kane~~ Steimiller
6. *Mother's Maiden Name*	L. A. Kane
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Henry Steimiller
9. *Father's Occupation*	Coach Steamboater
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	May Walker
Address	925 N. Broadway
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

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13656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 3rd
4. Place of Birth (Street and Number)	129 Cross St
5. Full Name of Mother	Anna Loos
6. Mother's Maiden Name	Kreis
7. Mother's Birthplace	Sachsen
8. Full Name of Father	Louis Adam Loos
9. Father's Occupation	Warnisher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	128 S Eutaw St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 106

13657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Sept 3, 1876
4. Place of Birth (Street and Number) Registerstr 48
5. Full Name of Mother Katharina Bittof
6. Mother's Maiden Name Katharina Hebler
7. Mother's Birthplace Zella Sachsen W.
8. Full Name of Father Johann Bittof
9. Father's Occupation Pfiep Macher
10. Father's Birthplace Erdfurtshausen Sachsen W.

Name of Medical Attendant, or other Person who makes this Return. Mr. Johanna Raupach

Address South Wolfstr No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 105

13658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 3. 1876
4. *Place of Birth (Street and Number)* South Wolfsth 20
5. *Full Name of Mother* Kunigunde Rauh
6. *Mother's Maiden Name* Kunigunde Schmidt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adam Rauh
9. *Father's Occupation* Meister
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Raupach

Address South Wolfstr No 28

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

13659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept 3. 1876
4. Place of Birth (Street and Number)	27 S. Eutaw St.
5. Full Name of Mother	Bertha Lauth
6. Mother's Maiden Name	B. Hackey
7. Mother's Birthplace	Bavaria Germany
8. Full Name of Father	Wm Lauth
9. Father's Occupation	Basketmaker
10. Father's Birthplace	Baltimore md
Name of Medical Attendant, or other Person who makes this Return.	Sophia Menne
Address	56. Pearl St.
Remarks	

HEALTH DEPARTMENT SEP 1876 BALTIMORE

13660

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Sex White
3. Date of Birth October 3rd 1876
4. Place of Birth (Street and Number) No 145 Sterling st
5. Full Name of Mother Caroline Castner
6. Mother's Maiden Name Caroline Klienhem
7. Mother's Birthplace Germany
8. Full Name of Father John Castner
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena H. Clegerst

Address No 1.82 E Monument st

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	3 of September
4. Place of Birth (Street and Number)	Light St N. 542,
5. Full Name of Mother	Clara Levy
6. Mother's Maiden Name	Clara Riny
7. Mother's Birthplace	Hamelsburg
8. Full Name of Father	Robert Levy
9. Father's Occupation	Nelwus Bessnes
10. Father's Birthplace	Rhoder, Waldeisk
Name of Medical Attendant, or other Person who makes this Return.	Mrs Marton
Address	West St No 128
Remarks	

HEALTH DEPARTMENT SEP 1876 BALTIMORE

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13662

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Sept. 3. 1876.
4. Place of Birth (Street and Number)	372 S. 21st St.
5. Full Name of Mother	Anna Randolph.
6. Mother's Maiden Name	Anna Gosheli
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Louis H. Randolph.
9. Father's Occupation	Lumber Dealer.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Burell, M.D.
Address	72 E. Pratt St.
Remarks	Child Stealthy and Vigorous.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Wks
3. Date of Birth 3 September
4. Place of Birth (Street and Number) Johnson St 172.
5. Full Name of Mother Ellen E. Pardoe
6. Mother's Maiden Name Jane E Dierson
7. Mother's Birthplace Calverton County. Md.
8. Full Name of Father Jakan I. Pardoe
9. Father's Occupation Labor
10. Father's Birthplace Calverton Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Address Dorothea Brune

Remarks Battery Av. 114.

The child was born one month after birth in spasms [illegible]

8

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vice Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

136611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 3d 1876.
4. Place of Birth (Street and Number)	Durham st No. 205
5. Full Name of Mother	Rosa Bauer
6. Mother's Maiden Name	Rosa Bitter
7. Mother's Birthplace	Germ
8. Full Name of Father	Conrad. Bauer
9. Father's Occupation	Cooper
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schmitt
Address	Midwife 320 Allice Anna st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 3rd September

4. Place of Birth (Street and Number) 161 S. Ann St.

5. Full Name of Mother Kitte Altman

6. Mother's Maiden Name Kitte Elichhausen

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Henry Altman

9. Father's Occupation Sailor

10. Father's Birthplace Oldenburg

Name of Medical Attendant, or other Person who makes this Return. M. Liederer

Address 23 S. Durham St.

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13666

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Frist

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 3d 1876

4. Place of Birth (Street and Number) 209 N. Caroy St. Baltimore

5. Full Name of Mother Mary P. Bond

6. Mother's Maiden Name Mary P Peters

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Elijah F. Bond

9. Father's Occupation Lawyer

10. Father's Birthplace Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return. S. A. Chew M. D.

Address 141 Lanvale St. Baltimore,

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT SEP 7 76 BALTIMORE

13667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 3rd 1876.
4. Place of Birth (Street and Number) 63 Barnes St
5. Full Name of Mother Florence S Bullinger
6. Mother's Maiden Name Florence S Burgan
7. Mother's Birthplace Balto County
8. Full Name of Father Thomas D. Bullinger
9. Father's Occupation Clerk
10. Father's Birthplace Port Washington N.Y.

Name of Medical Attendant, or other Person who makes this Return. P S Kinneman M.D.

Address 73 East Pratt St

Remarks Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth Septb. 3d
4. Place of Birth (Street and Number) 103 S. Paca
5. Full Name of Mother Josephine
6. Mother's Maiden Name Hoen
7. Mother's Birthplace Baltimore County
8. Full Name of Father John H. Muller
9. Father's Occupation Book Keeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. L. Hittorowetz M.D.

Address 137 W. Fayette St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male ~~or Female~~) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 3d Lyber 76
4. Place of Birth (Street and Number) 35 N. Shriver St.
5. Full Name of Mother Paula Klein
6. Mother's Maiden Name Paula Neikel
7. Mother's Birthplace Baltimore
8. Full Name of Father Daniel Klein
9. Father's Occupation Agent
10. Father's Birthplace Marburg (Germany)

Name of Medical Attendant, or other Person who makes this Return. J. A. Heldmann M D

Address 120 Pearl St. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) with
3. Date of Birth 4th of September
4. Place of Birth (Street and Number) 832 W. Baltimore St
5. Full Name of Mother Elisabeth Cook
6. Mother's Maiden Name Elisabeth Maiser
7. Mother's Birthplace Frankenberg Germani
8. Full Name of Father Frederick Cook
9. Father's Occupation Shoemaker
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs A. Dumler

Address No. 60 Schorter St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth No 380 Eastern Avenue
4. Place of Birth (Street and Number) Sept 4th 1876
5. Full Name of Mother Gertrude Snovel
6. Mother's Maiden Name Gertrude Norwood
7. Mother's Birthplace Baltimore
8. Full Name of Father John Snovel
9. Father's Occupation Broomaker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Frey

Address 193 South Charles St

Remarks Healthy Child

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13672.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
8
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3 ed Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 4 th 1876
4. Place of Birth (Street and Number)	No 605 Light st
5. Full Name of Mother	Louise Frankelbein
6. Mother's Maiden Name	Griesebing
7. Mother's Birthplace	Germany
8. Full Name of Father	Carl Frankelbein
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schwassu midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

13673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Sept. 4
4. *Place of Birth (Street and Number)* No. 40 Thames St
5. *Full Name of Mother* Feronika Eser
6. *Mother's Maiden Name* " Huber
7. *Mother's Birthplace* Würtenberg
8. *Full Name of Father* Henry Eser
9. *Father's Occupation* Dealer in Paper Stock
10. *Father's Birthplace* Baden

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No. 289 S. Bond St

Remarks

[illegible] of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13674

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White race
3. Date of Birth September 4th 176
4. Place of Birth (Street and Number) Bethel St # 177
5. Full Name of Mother Bettie Weber
6. Mother's Maiden Name " Smith
7. Mother's Birthplace Bremen Europe
8. Full Name of Father Anton Weber
9. Father's Occupation Cigar maker
10. Father's Birthplace Bremen Europe

Name of Medical Attendant, or other Person who makes this Return. Madame Ullig

Address 48 Holland St Balto Md.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13675

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 4. 1876
4. Place of Birth (Street and Number) Ost Lombard str 350
5. Full Name of Mother Elisabeth Schissler
6. Mother's Maiden Name Elisabeth Horn
7. Mother's Birthplace York Pennsilphania
8. Full Name of Father Georg Schissler
9. Father's Occupation Waschinist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Raupach

Address South Wolf str 28.

Remarks Wind wife

Vice Record of Vital Statistics in the City of Baltimore.

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13676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth September 4th 1876
4. Place of Birth (Street and Number) 756 Raborg Street
5. Full Name of Mother Elizabeth Green
6. Mother's Maiden Name
7. Mother's Birthplace Balto City
8. Full Name of Father Joshua Green
9. Father's Occupation Coachman
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address No 7 Burgundy Alley

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
9
1876
BALTIMORE

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 4 1876
4. Place of Birth (Street and Number)	157 Harford Ave
5. Full Name of Mother	Mary Woods
6. Mother's Maiden Name	Mary King
7. Mother's Birthplace	Ireland
8. Full Name of Father	Edward Woods
9. Father's Occupation	Police Officer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Chrismer
Address	16 Harford Ave
Remarks	

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13678

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 4th 1876
4. Place of Birth (Street and Number)	209 S. Charles St.
5. Full Name of Mother	Sophia Hetzel
6. Mother's Maiden Name	Sophia Bachman
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Hetzel
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	69 S. Broadway
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

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13679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 4th 1876
4. *Place of Birth (Street and Number)* S. Dallas St. No. 109
5. *Full Name of Mother* Elisabetha Margaret
6. *Mother's Maiden Name* Elisabetha Reiser
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wilhelm Margaret
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Hanover Fr. Prussen Germany

Name of Medical Attendant, or other Person who makes this Return. Herr E. Muller

Address N. Dallas St. No. 26.

Remarks

HEALTH DEPT. SEP 1 1876 BALTIMORE

13680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Vital Record of Vital Statistics in the City of Baltimore.

HEALTH DEPT. SEP 11 1876 BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c) /

ex (state whether Male or Female) Girl Baby

ace or Color (if not of the white race) Colored Child

ate of Birth September the 4 1876 of the month

lace of Birth (Street and Number) Stockton alley no 24

ull Name of Mother Charlotte Brent

other's Maiden Name Charlotte

other's Birthplace

ull Name of Father Williams Brent

ather's Occupation A Waiter in the hotel

ather's Birthplace

ame of Medical Attendant, or other Person who makes this Return.

ddress Caroline Jones

emarks 22 stockton alley

13651

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT SEP 11 1876 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 4th Sept 1876.

4. Place of Birth (Street and Number) 29 Centre Market Space

5. Full Name of Mother Kate Devine

6. Mother's Maiden Name

7. Mother's Birthplace Ireland

8. Full Name of Father John Devine

9. Father's Occupation Restaurant Keeper

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Cusper

Address 52 E Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 4 of September 1876.
4. *Place of Birth* (Street and Number) No 16 Windsor st.
5. *Full Name of Mother* Nelle Edmead.
6. *Mother's Maiden Name* Nelle Brown.
7. *Mother's Birthplace* in Baltimore.
8. *Full Name of Father* Whilhem Edmead.
9. *Father's Occupation* a Carpenter.
10. *Father's Birthplace* in Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Midwife Maria Eigeldinger

Address No 14 Minor st.

Remarks

SEP 11 1876 BALTIMORE

Fee Record of Vital Statistics in the City of Baltimore.

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13683

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	4 of September
4. Place of Birth (Street and Number)	William St No 223.
5. Full Name of Mother	Lizzie Bopp
6. Mother's Maiden Name	Lizzie Seibel
7. Mother's Birthplace	O Halgenhauser
8. Full Name of Father	Jorge Bopp.
9. Father's Occupation	Taillor
10. Father's Birthplace	in Germeney
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13651

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* September 4th 1876
4. *Place of Birth (Street and Number)* Druid Hill Avenue No 44
5. *Full Name of Mother* Catherine Ellen Gleeson
6. *Mother's Maiden Name* Catherine Ellen Scott
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Martin Gleeson
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. McHoward. M.D.

Address 228 Saratoga St

Remarks Natural labour at term

Perfectly Healthy

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth September 4th 1876.

4. Place of Birth (Street and Number) 213 Battery Av

5. Full Name of Mother Carolina Vogelsang

6. Mother's Maiden Name Carolina Dimmick

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father George Vogelsang.

9. Father's Occupation Can Maker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Dorothea Brune

Address 114 Battery Av

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 4th 1876.
4. Place of Birth (Street and Number)	# 291 Canton Ave F.P.
5. Full Name of Mother	Annie Mrs J. Lutz
6. Mother's Maiden Name	Annie M. Jones
7. Mother's Birthplace	Balto Md.
8. Full Name of Father	John J Lutz
9. Father's Occupation	Caulker
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	No 17 S. Chapel St F.P.
Remarks	"

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
7
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 7th
4. Place of Birth (Street and Number)	441 Eastern ave
5. Full Name of Mother	~~Lizzie~~ Lizzie Felkemeier
6. Mother's Maiden Name	Lizzie Graemeier
7. Mother's Birthplace	Germeny
8. Full Name of Father	William Felkemeier
9. Father's Occupation	Captain
10. Father's Birthplace	Germeny
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park avnue
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

13688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Colloid

3. Date of Birth sept. 16 5. 1876

4. Place of Birth (Street and Number) 87 Mores Alley. Balt. Md

5. Full Name of Mother Adline Claten

6. Mother's Maiden Name Adline Brooks

7. Mother's Birthplace Eastern Schow Md

8. Full Name of Father Charles Brooks

9. Father's Occupation A Laberrer

10. Father's Birthplace Biddle St. Balt Md

Name of Medical Attendant, or other Person who makes this Return. Charlott Golds Leary

Address 87, Mores Alley Balt. Md

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first Child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Wite
3. Date of Birth Tuesday September 5th 1876
4. Place of Birth (Street and Number) Alascan st No 212.
5. Full Name of Mother Marryann ~~Hourney~~ Schrodt.
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William Zade Schrodt.
9. Father's Occupation Ice Driver
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address No. 20 S South Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 6
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	5th Sept.
4. *Place of Birth* (Street and Number)	No. 30 N. Wolfe St.
5. *Full Name of Mother*	Mag. Kimmelman
6. *Mother's Maiden Name*	Ging. Roff
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Henry Kimmelman
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. C. Brendel
Address	No. 208 South Bond St.
Remarks	

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 09 Children

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored 5 September
3. Date of Birth
4. Place of Birth (Street and Number) E 5 George St Ally
5. Full Name of Mother Agnes Gardener
6. Mother's Maiden Name Agne Halliday
7. Mother's Birthplace
8. Full Name of Father Sanday Gardner
9. Father's Occupation pro pauler
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Frances Colk.

Address No. 10 Penn Alley.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13692

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 children

1. Sex (state whether Male or Female) Last a boy
2. Race or Color (if not of the white race) Color White
3. Date of Birth Born the 5th September 1876
4. Place of Birth (Street and Number) No 8 Odanel St Canton
5. Full Name of Mother Dori Kuni Grib
6. Mother's Maiden Name Kuni Smith
7. Mother's Birthplace Germany
8. Full Name of Father Frank Smith
9. Father's Occupation Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 11 North chappel St, pr John Kunkel

Remarks Healthy

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) wht
2. Race or Color (if not of the white race)
3. Date of Birth 5 Sep. 76
4. Place of Birth (Street and Number) 60 Preston St
5. Full Name of Mother Anna J Marlow
6. Mother's Maiden Name " " Rowe
7. Mother's Birthplace Md
8. Full Name of Father Jas H Marlow
9. Father's Occupation Carpenter
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. G L Taneyhill MD

Address 129 W Biddle

Remarks

HEALTH DEPA... SEP 18 1876 BAL...

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

136911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 one
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 5th 1876
4. Place of Birth (Street and Number)	133 Barre St
5. Full Name of Mother	Emma P. Alexander
6. Mother's Maiden Name	Watkins
7. Mother's Birthplace	Md
8. Full Name of Father	Nathaniel E. Alexander
9. Father's Occupation	Clerk
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. Co Hanover & Barre Sts
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 5th 76
4. Place of Birth (Street and Number)	143 N. Fremont
5. Full Name of Mother	Amelia Lotz
6. Mother's Maiden Name	Amelia Hassbaum
7. Mother's Birthplace	Germany
8. Full Name of Father	Geo. Lotz
9. Father's Occupation	Grocer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A H La [illegible] M D
Address	543 Lexington St
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Sept 5-th

4. Place of Birth (Street and Number) 222 Madison st

5. Full Name of Mother Sellie Sheehan

6. Mother's Maiden Name Sellie Connelly

7. Mother's Birthplace Baltimore city

8. Full Name of Father Thomas H. Sheehan

9. Father's Occupation Painter

10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. W. B. Griffith

Address 60 McCulloh st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* september 5 1874
4. *Place of Birth (Street and Number)* 304 bank
5. *Full Name of Mother* willian annie bull
6. *Mother's Maiden Name* willian annie forest
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* james henry bull
9. *Father's Occupation* mate of tug boat
10. *Father's Birthplace* ac conn och county virginia

Name of Medical Attendant, or other Person who makes this Return. mary cooper 153

Address choptank st

Remarks

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED SEP 11 1876 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 5th 1876
4. *Place of Birth (Street and Number)* Lancaster St. No 11.
5. *Full Name of Mother* Mary Theny
6. *Mother's Maiden Name* Mary Verri
7. *Mother's Birthplace* County Tirol Gr. Brittanien Europa
8. *Full Name of Father* Pines Theny
9. *Father's Occupation* Laborer
10. *Father's Birthplace* County Tirol Gr. Brittanien Europa

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13699

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 5th Sept 1876.

4. Place of Birth (Street and Number) 12 Walker St.

5. Full Name of Mother Annie Barken

6. Mother's Maiden Name " Brassman

7. Mother's Birthplace At States America

8. Full Name of Father Hugo Barken

9. Father's Occupation Tailor

10. Father's Birthplace H Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard St.

Remarks

RETURN OF A BIRTH.

13700

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 15 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Sept. 5th. 1876.
4. *Place of Birth* (Street and Number)	Lexington near Eutaw Street
5. *Full Name of Mother*	Catharine Tobler
6. *Mother's Maiden Name*	C. Fiehr
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Lewis Tobler
9. *Father's Occupation*	Tavern
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	36. Front Street.
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13701

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 '76 BALTIMORE

Name of child: Walter Filz

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	Sept 5th 1876.
4. *Place of Birth* (Street and Number)	corner Marshall and Fremont Sts.
5. *Full Name of Mother*	Sophia Filz
6. *Mother's Maiden Name*	L. Graefe
7. *Mother's Birthplace*	Bavaria
8. *Full Name of Father*	John Filz
9. *Father's Occupation*	Cutler
10. *Father's Birthplace*	Austrian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Mengel
Address	56. Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

13702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 4th
4. Place of Birth (Street and Number)	65 Bethel st
5. Full Name of Mother	Elizabeth Kay
6. Mother's Maiden Name	Hoff
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Kay
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Gedzke
Address	55 South Bond st
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1370.3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 of September
4. Place of Birth (Street and Number)	Light St No 433.
5. Full Name of Mother	Mary Pants
6. Mother's Maiden Name	Mary Yeagre Berry
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Pants
9. Father's Occupation	Grocery
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Rule Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

137011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 children 1
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	5 of September
4. Place of Birth (Street and Number)	Battery Ave. near 211.
5. Full Name of Mother	Mary Carcart
6. Mother's Maiden Name	Mary Heberrich
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Carcart
9. Father's Occupation	Tanner.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	Hart St near 125
Remarks	

13705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
4. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September the 5th 1876
4. Place of Birth (Street and Number)	164 Hamburg Street
5. Full Name of Mother	Maria Meller
6. Mother's Maiden Name	" " Gorsz
7. Mother's Birthplace	Germany
8. Full Name of Father	Gorge Müller
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catharine Münch
Address	74 Leadenhall Street
Remarks	

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13706

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	Colored
Date of Birth	1 Week old.
Place of Birth (Street and Number)	3 Ivy Ally
Full Name of Mother	Louisa Johnson.
Mother's Maiden Name	Louisa Boston
Mother's Birthplace	Baltimore
Full Name of Father	Galathiel W. Johnson.
Father's Occupation	School teacher
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lucy Corish
Address	3 ivy ally Baltimore.
Remarks	

...in the City of Baltimore.

13707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or ~~Female~~) White
2. Race or Color (if not of the white race) Sept 8th 1876
3. Date of Birth 279 Columbia St
4. Place of Birth (Street and Number) Mary Kees
5. Full Name of Mother " Grow
6. Mother's Maiden Name Balto Md
7. Mother's Birthplace Jno Kees
8. Full Name of Father Mechanic
9. Father's Occupation Germany
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. J L Spicer MD

Address 379 W Lombard St

Remarks

...rect Record of Vital Statistics in the City ...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sep 5 1876
4. Place of Birth (Street and Number) No 8 rickets court
5. Full Name of Mother Ella bradick
6. Mother's Maiden Name Ela dorsey
7. Mother's Birthplace deal island
8. Full Name of Father Loyd dorsey
9. Father's Occupation oyster shucker
10. Father's Birthplace annerund county

Name of Medical Attendant, or other Person who makes this Return. Mary Chase

Address Midwife

Remarks No 6 rickets court

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 6 –
4. Place of Birth (Street and Number) John near Lanvale
5. Full Name of Mother Eliz Kemp
6. Mother's Maiden Name C. Brengle
7. Mother's Birthplace Fredk City Md
8. Full Name of Father Chas L. Kemp
9. Father's Occupation In Custom House
10. Father's Birthplace Fredk Co Md

Name of Medical Attendant, or other Person who makes this Return. W. F. A. Kemp M.D.

Address 55 N Green St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13710

RETURN OF A BIRTH.

HEALTH DEPARTMENT
SEP
8
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* September 6th 1876.
4. *Place of Birth (Street and Number)* Battery Av. No 213.
5. *Full Name of Mother* Theresa Mill.
6. *Mother's Maiden Name* Theresa Lemmick.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John Mill.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Dorothea Brune.

Address 114 Battery Av.

Remarks

Vital Record of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 6th 1876
4. Place of Birth (Street and Number) No 11 N. Copelton av
5. Full Name of Mother Dorrether Gingling
6. Mother's Maiden Name Dorrether Frastel
7. Mother's Birthplace Germany
8. Full Name of Father C. H. Gingling
9. Father's Occupation Plumber & gasfitter
10. Father's Birthplace Westminster Mgt

Name of Medical Attendant, or other Person who makes this Return. Mrs Sharlet Mann

Address No 258 Rabourg St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13712

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

Name of Child – Phillip Thomas Hopkins

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 6th 1876
4. Place of Birth (Street and Number) Light st Near Fort st.
5. Full Name of Mother Rachel Hopkins
6. Mother's Maiden Name
7. Mother's Birthplace Eastern Shore md
8. Full Name of Father Philip Hopkins
9. Father's Occupation Sailor
10. Father's Birthplace Eastern Shore md

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No. 92 Hamburg st

Remarks Mother and Child doing well at pressent

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 8th 1876.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth ~~American~~ 6 Sept 1876.
4. Place of Birth (Street and Number) 171 Bank St.
5. Full Name of Mother Lizzie Callway
6. Mother's Maiden Name Lizzie Burns.
7. Mother's Birthplace America.
8. Full Name of Father J. Callway
9. Father's Occupation Sailor.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No. 137 Wolfe St.

Remarks —

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Mother of 2 children.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	6th of September.
4. Place of Birth (Street and Number)	Plum Alley, No. 5
5. Full Name of Mother	Miss Sarah Handy.
6. Mother's Maiden Name	
7. Mother's Birthplace	Accomac County.
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Emily Hughes 263 Cross st.
Address	
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13715

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 6th 1876

4. Place of Birth (Street and Number) 604 Penna Ave

5. Full Name of Mother Elmira Oram

6. Mother's Maiden Name Elmira Hipkins

7. Mother's Birthplace Balto Co

8. Full Name of Father William Oram

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas E Hadtler MD

Address 649 Penna Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st~~, 2d, ~~3d, &c.~~*)

1. Sex (*state whether Male ~~or Female~~*)

2. Race or Color (*if not of the white race*)

3. Date of Birth September 6th 1876

4. Place of Birth (*Street and Number*) 374 E. Monument st

5. Full Name of Mother Delila, Jane, York

6. Mother's Maiden Name " " Hall

7. Mother's Birthplace Baltimore City

8. Full Name of Father Charles, S. York

9. Father's Occupation Gas Fitter & Plumber

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Kinsell M.D.

Address N. W. Cor Broadway & Madison st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 6th 1876
4. Place of Birth (Street and Number)	N° 296 Hughes st.
5. Full Name of Mother	Mary Schramm
6. Mother's Maiden Name	Klein
7. Mother's Birthplace	America
8. Full Name of Father	William Schramm
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schneider midwife
Address	212 Lees st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 6 d. 1876
4. Place of Birth (Street and Number)	357 ✓ Bond Stret
5. Full Name of Mother	Kathriene Nikolaus
6. Mother's Maiden Name	K. Mann
7. Mother's Birthplace	Germane
8. Full Name of Father	Carles Nikolaus
9. Father's Occupation	Bret Baker
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 ✓ Bond Stret
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept. 6th
4. *Place of Birth (Street and Number)* Raborg St
5. *Full Name of Mother* Louise Oliver
6. *Mother's Maiden Name* " Washington
7. *Mother's Birthplace* Raborg St.
8. *Full Name of Father* Joshua Oliver
9. *Father's Occupation* Wagoner
10. *Father's Birthplace* S. Howard St.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor

Address 10th Carlton St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	6 Sept 1876
4. Place of Birth (Street and Number)	231 Allice Ann St.
5. Full Name of Mother	Katharina Groos
6. Mother's Maiden Name	Trautmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Conni Groos
9. Father's Occupation	Police Officer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrant Miller
Address	151 E Fleet St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13721

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September the 6th 1876
4. Place of Birth (Street and Number)	260 Cross Street
5. Full Name of Mother	Johanna Redinger
6. Mother's Maiden Name	" " Busch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Philip Redinger
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	~~Chas~~ Cathrina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
SEP
11
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	6th Sept. 1876.
4. Place of Birth (Street and Number)	Central Ave 1
5. Full Name of Mother	Kate Kingstone
6. Mother's Maiden Name	Boyle
7. Mother's Birthplace	U. States of America
8. Full Name of Father	J. H. Kingstone
9. Father's Occupation	Laborer
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Draper
Address	52 E. Lombard St
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 6th 1876.
4. *Place of Birth (Street and Number)* Gough St. & Central Av.
5. *Full Name of Mother* Kate Rhigdorf
6. *Mother's Maiden Name* Bartels
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Ringdorf
9. *Father's Occupation* Moulder.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Josiah Casper

Address No. 52 E. Lombard St.

Remarks Child 8 days old. died with Spasms.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13724

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 6 1876
4. Place of Birth (Street and Number)	206 Hill st
5. Full Name of Mother	M. A. Myers
6. Mother's Maiden Name	M. A. Griffith
7. Mother's Birthplace	Md
8. Full Name of Father	Joseph D Myers
9. Father's Occupation	Watchman
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble, M.D.
Address	17 Hanover
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13725

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored.
3. *Date of Birth* Sept 6th
4. *Place of Birth* (Street and Number) 241 Dunham al.
5. *Full Name of Mother* Laura Hall.
6. *Mother's Maiden Name* Laura Hall.
7. *Mother's Birthplace* Balt Md.
8. *Full Name of Father* James Hayes.
9. *Father's Occupation* Steamboat-
10. *Father's Birthplace* Balt Md.

Name of Medical Attendant, or other Person who makes this Return. Sarah Slyer

Address 247 Orleans st-

Remarks

13726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Mary adline Sorell

1. Sex (state whether Male or Female) color Male child born September the 7th
2. Race or Color (if not of the white race) September 7th 1876
3. Date of Birth "
4. Place of Birth (Street and Number) canal st 110
5. Full Name of Mother Mary aline Jackson
6. Mother's Maiden Name Mary aline Sorell
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thon Jackson
9. Father's Occupation labour
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sepa hines

Address 135 Dennet St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13727

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1976 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

(state whether Male or Female) male

ce or Color (if not of the white race) Colored

te of Birth September the 7th 96

ce of Birth (Street and Number) Martin Aly between Charles and Dickie 20

l Name of Mother Amanda Singlear

her's Maiden Name

her's Birthplace Talbart Co Md

l Name of Father

her's Occupation

her's Birthplace

me of Medical Attendant, or other Person who makes this Return. Jody Carnish

dress rule Aly

marks

13728

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Sept 7th 1876
4. Place of Birth (Street and Number)	24 Chesnut St
5. Full Name of Mother	Caroline Murray.
6. Mother's Maiden Name	" " Brooks.
7. Mother's Birthplace	Boston. Mass.
8. Full Name of Father	Saml R Murray
9. Father's Occupation	U.S. Custom House Employee.
10. Father's Birthplace	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return.	D.W. Cathell M.D.
Address	1 1/2 S Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Fourth (2 times)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Thursday Morning Sept 7th 1876
4. Place of Birth (Street and Number) Corner of Boston & Bennett St
5. Full Name of Mother Mary Boldin
6. Mother's Maiden Name Mary Conley
7. Mother's Birthplace Ellicott Mills Howard Co Md
8. Full Name of Father Lewis Boldin
9. Father's Occupation Iron Worker at Abbotts Rolling Mills
10. Father's Birthplace Harfort Co Maryland

Name of Medical Attendant, or other Person who makes this Return. J E Richards M D

Address 28, O'Donnell St

Remarks Natural Labor head presentation Occiput in the left Asta[illegible]

Labor continued Six hours. Was in attendance two hours

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13730

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Birth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 7th September 1876
4. Place of Birth (Street and Number) 415 E Eager St
5. Full Name of Mother Isabell Barrett
6. Mother's Maiden Name " McDonell
7. Mother's Birthplace New Orleans
8. Full Name of Father James W Barrett
9. Father's Occupation Hat Finisher
10. Father's Birthplace Canada

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 McDonogh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Elizabeth Wilhelmina Dengler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 1st 1876
4. Place of Birth (Street and Number) No 249 Biddle st
5. Full Name of Mother Elizbeth Dengler
6. Mother's Maiden Name Elizbeth Alman
7. Mother's Birthplace Germany
8. Full Name of Father William Dengler
9. Father's Occupation ~~Fat~~ Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Hillgeist

Address No 182 E Monument st

Remarks

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
11
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth September 7. 1876

4. Place of Birth (Street and Number) 1st Lombard str No 355

5. Full Name of Mother Katharina Adam

6. Mother's Maiden Name Katharina Hetter

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Adam

9. Father's Occupation Ingenieur

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Braupach

Address South Wolf str No 28

Remarks Midwife

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13733

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 7th

4. Place of Birth (Street and Number) 166 Columbia Av

5. Full Name of Mother Catherine Radtke

6. Mother's Maiden Name Coleman

7. Mother's Birthplace Prussia

8. Full Name of Father Herman H Radtke

9. Father's Occupation Tobacco Dealer

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Lloyd

Address 328 S Eutaw St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13731

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 8th 1876.

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* Sept 7th 1876.
4. *Place of Birth* (Street and Number) 118 Chappel St.
5. *Full Name of Mother* Barbara Backer
6. *Mother's Maiden Name* Barbara Schmitt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Backer.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Amend.

Address No 137 Wolfe St.

Remarks —

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

19735

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	7th Sept.
4. Place of Birth (Street and Number)	So. Charles St. 291
5. Full Name of Mother	Mary V. Hickmon
6. Mother's Maiden Name	Mary V. Wilson
7. Mother's Birthplace	Somerset Co. Md.
8. Full Name of Father	John L. Hickmon
9. Father's Occupation	Hostler
10. Father's Birthplace	Boston Mass.
Name of Medical Attendant, or other Person who makes this Return.	M. K. Cashey
Address	45 Hamburg St.
Remarks	both doing well.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

13736

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 7. September
4. Place of Birth (Street and Number) 100. Hamburg Str Baltimore
5. Full Name of Mother Annie Rupel.
6. Mother's Maiden Name Annie Jones.
7. Mother's Birthplace Baltimore
8. Full Name of Father William Rupel.
9. Father's Occupation House Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ruthan Riggins

Address 368. Hanover Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 8 1876 BALTIMORE

13737

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Seventh of September · 1876
4. Place of Birth (Street and Number)	231. W. Pratt st
5. Full Name of Mother	Mary. Klotz
6. Mother's Maiden Name	Mary. Grossman
7. Mother's Birthplace	Carlisle Pa.
8. Full Name of Father	Charles. Friedrich. Klotz
9. Father's Occupation	Watchmaker
10. Father's Birthplace	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return.	Thos. Fiseher
Address	No. 11. South. Eutaw. St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13738

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 1 Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) of The white Race

3. Date of Birth The 2 of September

4. Place of Birth (Street and Number) No 295 Hamburg Street.

5. Full Name of Mother Mella S Lour Shel

6. Mother's Maiden Name Mella S Swindel

7. Mother's Birthplace Baltimore

8. Full Name of Father David Swindel

9. Father's Occupation ~~New Jersey~~ Glass Molder

10. Father's Birthplace New Jersey

Name of Medical Attendant, or other Person who makes this Return. July Ann Spence

Address No 293 No 3[illegible] Hamburg Stret

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13739

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1916 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	7 September
4. Place of Birth (Street and Number)	85 Fourth Street
5. Full Name of Mother	Emma Rehmer
6. Mother's Maiden Name	Bishop Baltimore
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Rehmer
9. Father's Occupation	None
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sylvie Simon
Address	1070 Granby St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13740

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 7th September 1876
4. Place of Birth (Street and Number) 44, North Durham St.
5. Full Name of Mother Christina Scheller
6. Mother's Maiden Name Christina Kraus
7. Mother's Birthplace Bavaria
8. Full Name of Father Anton Scheller
9. Father's Occupation Laborer
10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. W. Leedner

Address 23 S. Durham St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13741

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept 7th 1876.
4. Place of Birth (Street and Number) 139 Columbia Street
5. Full Name of Mother Friederike de Beer
6. Mother's Maiden Name F. Heymann
7. Mother's Birthplace Germany
8. Full Name of Father Salomon de Beer
9. Father's Occupation Dealer in Clothing
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Wenzel

Address 56. Pearl Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13742

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Col
3. Date of Birth Sept 8
4. Place of Birth (Street and Number) 32 Forest Street 1876
5. Full Name of Mother Teresy Lyson
6. Mother's Maiden Name Teresy ~~Lyson~~ Wilson
7. Mother's Birthplace Balto City
8. Full Name of Father Nathaniel Lyson
9. Father's Occupation public Cook
10. Father's Birthplace Prince George's County

Name of Medical Attendant, or other Person who makes this Return. Charlotte Wilson

Address No 32 Forest St Balto

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13743

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st ~~A~~

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 8th 1876
4. *Place of Birth (Street and Number)* No 9 Selden st
5. *Full Name of Mother* Ellen Grim
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Daniel Grim
9. *Father's Occupation* Saber
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Carson Butler

Address No 176 West

Remarks

13744

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fünfte geborst

1. Sex (state whether Male or Female) Emanuel Mertzel
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 8ten September 1876
4. Place of Birth (Street and Number) S. Bond St. No. 248
5. Full Name of Mother Terezie Turek
6. Mother's Maiden Name Terezie Mertzel
7. Mother's Birthplace Böhmen
8. Full Name of Father Jakob Mertzel
9. Father's Occupation Tag arbeiter
10. Father's Birthplace Böhmen

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Baltimore 13th September 1876.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13715

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth September 11 8

4. Place of Birth (Street and Number) 128 Reaburg St

5. Full Name of Mother Heat. Filing

6. Mother's Maiden Name Heat Dushman

7. Mother's Birthplace Baltimore City

8. Full Name of Father Henery Filing

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McHenry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13746

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
15
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 8th 1876.
4. Place of Birth (Street and Number)	378 Babens
5. Full Name of Mother	M. Schladmann
6. Mother's Maiden Name	Mayer
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	J. H. Schladmann
9. Father's Occupation	Grocers Store
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 E Pearl Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13747

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept 8th 1876.
4. Place of Birth (Street and Number)	13 Dimant Street
5. Full Name of Mother	E. Wagner
6. Mother's Maiden Name	E. Schmidt.
7. Mother's Birthplace	Germany
8. Full Name of Father	Thomas Wagner
9. Father's Occupation	Firemann
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	36 Pearl Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13748

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White Race

3. Date of Birth eight 8 of September

4. Place of Birth (Street and Number) Ramsey street 124

5. Full Name of Mother Sophie Jost

6. Mother's Maiden Name Sophie Gempp

7. Mother's Birthplace Baltimore

8. Full Name of Father Josephe Jost

9. Father's Occupation Baker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Dunbar 60 Shorter St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1.37149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 8th 1876
4. Place of Birth (Street and Number)	Baltimore Lancaster st 115
5. Full Name of Mother	Miss Caroline Boyd.
6. Mother's Maiden Name	Miss Caroline Wagner
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	Mr Chas E Boyd
9. Father's Occupation	Organ Builder.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Boyd
Address	No. 201 South Bond st.
Remarks	

Correct Record of Vital Statistics to be kept in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12750

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Jewish race
3. Date of Birth	September 8th 1870
4. Place of Birth (Street and Number)	Asquith St # 109
5. Full Name of Mother	Sarah Minnie
6. Mother's Maiden Name	" Schiller
7. Mother's Birthplace	Polen Europe
8. Full Name of Father	Hanis Minnie
9. Father's Occupation	Peddler
10. Father's Birthplace	Polen Europe
Name of Medical Attendant, or other Person who makes this Return.	Madame Wolf
Address	46. Holland St Balto Md.
Remarks	

RETURN OF A BIRTH.

13751

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1776 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Sept 5
4. Place of Birth (Street and Number)	112 Eutaw St
5. Full Name of Mother	Maria Engelbach
6. Mother's Maiden Name	Mueller
7. Mother's Birthplace	Germany
8. Full Name of Father	Herman Engelbach
9. Father's Occupation	Brewer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	325 S Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1876

Return of a Birth

To the office of Registrar of Vital Statistics Board of Health

Baltimore City

No. of Child — 7th "

Sex — Female

Color — White

Date — Sept 8th 1876

Place of Birth — No 4 Foundry

Name of Mother — Catharine Clancey

Maiden name — " Malley

Birthplace — Ireland

Name of Father — Jas Clancey

Occupation — Laborer

Residence — Ireland

HEALTH DEPARTMENT
SEP
9
1876
BALTIMORE

Ursula T. Chrisman

16 Harford Ave

13753

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 8th 1876
4. Place of Birth (Street and Number)	73 Bolton St
5. Full Name of Mother	Maggie Parker
6. Mother's Maiden Name	Abrahams
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J Summer Parker
9 Father's Occupation	Stove Business
10. Father's Birthplace	Dinwiddie Co Va
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M.D.
Address	262 Madison Av
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13751 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female)

2. Race ~~or Color (if not of the white race)~~

3. Date of Birth Sept 8th 1876

4. Place of Birth (Street and Number) 336 No. Broadway

5. Full Name of Mother Emma Gladson

6. Mother's Maiden Name " Haley

7. Mother's Birthplace Northampton Co. Va.

8. Full Name of Father Andrew J. Gladson

9. Father's Occupation Lieut. Police

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm W. White, M.D.

Address 341 N. Broadway

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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13755

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 8th 1873

4. Place of Birth (Street and Number) No 327 N. Central Avenue

5. Full Name of Mother Bertha Schroeder

6. Mother's Maiden Name Bertha Heinrich

7. Mother's Birthplace Darmstadt Germany

8. Full Name of Father Henry Schroeder

9. Father's Occupation Brick Layer

10. Father's Birthplace Provinz Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Bott

Address No 181 N. Central Avenue near Monument St. Baltimore Md

Remarks All well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13756

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 September
4. *Place of Birth (Street and Number)* 37 Barnes St.
5. *Full Name of Mother* Anna Barech
6. *Mother's Maiden Name* " Stephanie
7. *Mother's Birthplace* Wilesie Bohemia
8. *Full Name of Father* Josef Barech
9. *Father's Occupation* Wheel Raid
10. *Father's Birthplace* Wolsan Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnes St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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13757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* septenfer 8 1876
4. *Place of Birth (Street and Number)* locust point Cuba street chaunfer 6
5. *Full Name of Mother* Mary Brady
6. *Mother's Maiden Name* Mary Foy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Daniel Brady
9. *Father's Occupation* laforer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Marget ettle

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13755

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* ~~September~~ september 8 1874
4. *Place of Birth (Street and Number)* 255 south ann st
5. *Full Name of Mother* July a b cooper
6. *Mother's Maiden Name* July a b swift
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* andrew cooper
9. *Father's Occupation* boiler making
10. *Father's Birthplace* france

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address chaptank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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13759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth Sept 8th 1876
4. Place of Birth (Street and Number) 73 Ensor St
5. Full Name of Mother Mary Moore
6. Mother's Maiden Name M. Russell
7. Mother's Birthplace Pennsylvania
8. Full Name of Father J. S. Moore
9. Father's Occupation Produce Dealer
10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. [illegible] M. D.

Address 256 N Eden St

Remarks

[illegible] Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13760

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether Male or ~~Female~~).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September the 2. 1876.
4. *Place of Birth (Street and Number)* Campstead St.. No. 60.
5. *Full Name of Mother* Rosa . Hoon
6. *Mother's Maiden Name* Rosa Cor
7. *Mother's Birthplace* Vormen County. Kr. Gr. Brittannien. Europa
8. *Full Name of Father* Roger . Hoon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Harr E. Miller

Address N. Dallas St.. No. 26.

Remarks

RETURN OF A BIRTH.

13761

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) this is the forth child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth 1876 8 of September
4. Place of Birth (Street and Number) Cotott Street No 235
5. Full Name of Mother Anna t Spence
6. Mother's Maiden Name Anna t Wolford
7. Mother's Birthplace Bollimore
8. Full Name of Father John henry Spence
9. Father's Occupation Shoe maker
10. Father's Birthplace Sour Set County Maryland

Name of Medical Attendant, or other Person who makes this Return. Milly Grofs

Address 3001 Hamborgs Street

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 8th 1876
4. Place of Birth (Street and Number)	# 164 S Ann St F P
5. Full Name of Mother	Ann Shuy Reed
6. Mother's Maiden Name	Ann Shuy
7. Mother's Birthplace	Halifax N.S.
8. Full Name of Father	Robert Reed
9. Father's Occupation	Laborer
10. Father's Birthplace	Liverpool Eng.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simmis
Address	#178 S Chapel St F P
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

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13763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 8th 1876.
4. Place of Birth (Street and Number)	# 480 Canton ave
5. Full Name of Mother	Mary Miller Michael
6. Mother's Maiden Name	Mary Miller
7. Mother's Birthplace	Balto
8. Full Name of Father	William Michael
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	No 178 S Chapel St
Remarks	F.P.

...rect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13764

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 8/76
4. Place of Birth (Street and Number) 42 Fountain St.
5. Full Name of Mother Mina Rolingen
6. Mother's Maiden Name Mina Eigenberg
7. Mother's Birthplace Helenthal
8. Full Name of Father Bartel Rolingen
9. Father's Occupation
10. Father's Birthplace Helenthal

Name of Medical Attendant, or other Person who makes this Return. M. Leederer

Address 23 S. Durham St.

Remarks

RETURN OF A BIRTH.

13765

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Virginia Brown
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Coulored
3. Date of Birth	5 September
4. Place of Birth (Street and Number)	Baltimore No 36 Chestnut Street
5. Full Name of Mother	Virginia Knight
6. Mother's Maiden Name	Virginia Brown
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Warner Knight
9. Father's Occupation	Laborer
10. Father's Birthplace	Eastern shore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Wilson
Address	No. 35 Forest st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13716

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September the 8th 1876.
4. Place of Birth (Street and Number)	76 S. Charles Street
5. Full Name of Mother	Mina Kaufmann
6. Mother's Maiden Name	" " Guntermann
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Kaufmann
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

13767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child.
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	8 Sept.
4. *Place of Birth* (Street and Number)	751 Gorsuch.
5. *Full Name of Mother*	Lara Blum.
6. *Mother's Maiden Name*	Lara Winkler
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	John Blum
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss Lindner
Address	No 75 Maria
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) ~~F. Cmd~~ F. Hmail
2. Race or Color (if not of the white race) Colord
3. Date of Birth Sept 9th 1876
4. Place of Birth (Street and Number) No 9. Seldeu St Balto Md
5. Full Name of Mother Mandy Hopkins
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father George Hopkins
9. Father's Occupation ~~Rag~~ Rag Business
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Susan Butler

Address 178 West St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1.9.69

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	September 9th
4. Place of Birth (Street and Number)	118 Columbia Ave.
5. Full Name of Mother	Anna Elizabeth Hilgaertner
6. Mother's Maiden Name	Anna Elizabeth Einwaechter
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Hilgaertner
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Londorf Grozherzogthum Hessen Germa.
Name of Medical Attendant, or other Person who makes this Return.	Mrs A. Dunkler
Address	No 60 N. Schroeder St.
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 9th 1876

4. Place of Birth (Street and Number) 133 Conway St

5. Full Name of Mother Georgianna Davis

6. Mother's Maiden Name Dulha

7. Mother's Birthplace Balto City

8. Full Name of Father Wm H Davis

9. Father's Occupation Carpenter

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Conney

Address 76 S Pack St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 9th 1876
4. *Place of Birth (Street and Number)* No 167 Chenut st
5. *Full Name of Mother* Fanny Allouise
6. *Mother's Maiden Name* Fanny Talbot
7. *Mother's Birthplace* England
8. *Full Name of Father* Salvatore Allouise
9. *Father's Occupation* Mortel and figure maker
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address No 182 E. Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 9th 1876

4. Place of Birth (Street and Number) No 252 Cager st

5. Full Name of Mother Barbara Edelmann

6. Mother's Maiden Name Barbara Zeller

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Joseph Edelmann

9. Father's Occupation Tinner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address No 182 E Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY,

HEALTH DEPARTMENT SEP 9 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	collard
3. Date of Birth	September 4
4. Place of Birth (Street and Number)	30 Jewsbly
5. Full Name of Mother	Elizebeth Bentley
6. Mother's Maiden Name	Elisebeth Johnson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	[redacted] Bentley
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lear Johnson
Address	no 32 Smart st
Remarks	healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th Sept. 1876
4. Place of Birth (Street and Number)	Lolo St.
5. Full Name of Mother	Mary Jane Johnson
6. Mother's Maiden Name	Mary Jane Allyson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Johnson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caskey
Address	116 Hamburg St
Remarks	both doing well

rect Record of Vital Statistics in the City of Baltimore.

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13775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
76
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 9th 1876
4. *Place of Birth (Street and Number)* 194 Madison St
5. *Full Name of Mother* Elizabeth Graham
6. *Mother's Maiden Name* Shaw
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Graham
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Skinner

Address 16 Harford Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13776

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Colored.
3. Date of Birth Sep. 9th
4. Place of Birth (Street and Number) 112 Register st.
5. Full Name of Mother Ann Eliza Murry.
6. Mother's Maiden Name Ann Eliza Jones
7. Mother's Birthplace Eastern shore.
8. Full Name of Father John Murry.
9. Father's Occupation Laborer.
10. Father's Birthplace Eastern shore.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Sarah Slyle
247 Oslean st.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13777

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 9th of September

4. Place of Birth (Street and Number) 43 Canal St

5. Full Name of Mother Rosa Thomson

6. Mother's Maiden Name " Kandy

7. Mother's Birthplace Balto.

8. Full Name of Father Thos. Thomson

9. Father's Occupation Tinner

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address 20 Barnes St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13778

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	september 9 1876
4. Place of Birth (Street and Number)	cowksie street lowest point
5. Full Name of Mother	Francis E Towsond
6. Mother's Maiden Name	Francis E Tar
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Towsond
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Margaret Ettle
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13779

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 '76 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White race
3. *Date of Birth* the 1 of September 1876
4. *Place of Birth* (Street and Number) No 14 Pencevannen,
5. *Full Name of Mother* Mary Jury,
6. *Mother's Maiden Name* Mary Kleier
7. *Mother's Birthplace* in Baltimore,
8. *Full Name of Father* Jugle Jury,
9. *Father's Occupation* a Upholster,
10. *Father's Birthplace* in Germeny,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engelsinger.

Address No 14 Univer st.

Remarks

13780

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 9th 1876
4. Place of Birth (Street and Number) Hanover & Hughes Sheets
5. Full Name of Mother Sallie C. Legoarde
6. Mother's Maiden Name " " Small
7. Mother's Birthplace Frederick Co. Md.
8. Full Name of Father Lawrence Legoarde
9. Father's Occupation None
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. C. C. Richardson M.D.

Address 302 West Lombard Sheet

Remarks Baltimore

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13781

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September the 9. 1876.
4. *Place of Birth (Street and Number)* S. Eden St. No. 167.
5. *Full Name of Mother* Kate Lode.
6. *Mother's Maiden Name* Kate Lahen
7. *Mother's Birthplace* Wexford County Ir. Gt. Britain. Europe
8. *Full Name of Father* John Lode
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Wexford County Ir. Gt. Britain. Europe

Name of Medical Attendant, or other Person who makes this Return. Kate E. Miller

Address N. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13782.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	Col
3. Date of Birth	September 9 1876
4. Place of Birth (Street and Number)	Balto Dover St No 125
5. Full Name of Mother	Mary C Offner
6. Mother's Maiden Name	Mary C Chamber
7. Mother's Birthplace	Cambridge Md
8. Full Name of Father	John H Offner
9. Father's Occupation	Waggner
10. Father's Birthplace	Cambridge Md
Name of Medical Attendant, or other Person who makes this Return.	Francis Caulk
Address	
Remarks	

Earnest Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13783

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st September
4. Place of Birth (Street and Number)	Jackson St No 4
5. Full Name of Mother	Sallie Gomick
6. Mother's Maiden Name	Sallie mcloskill
7. Mother's Birthplace	Ireland
8. Full Name of Father	William Gomick
9. Father's Occupation	engineer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 105
Remarks	

RETURN OF A BIRTH.

19784

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	4 th September
4. Place of Birth (Street and Number)	William St. 155
5. Full Name of Mother	Emma Otto
6. Mother's Maiden Name	Emma Weis
7. Mother's Birthplace	Lichtenbach Hessen
8. Full Name of Father	August Otto
9. Father's Occupation	Butcher trade
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Marks
Address	West St. 125
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	10th Sept. 1876
4. *Place of Birth* (Street and Number)	1316 Orleans St.
5. *Full Name of Mother*	Catharine A. Phipps
6. *Mother's Maiden Name*	Catharine A. Mace
7. *Mother's Birthplace*	Baltimore City.
8. *Full Name of Father*	William Phipps.
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this Return.	Mary Walker
Address	125 N. Caroline St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
18
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 10th 1876
4. *Place of Birth (Street and Number)* No 232 Eager st
5. *Full Name of Mother* Mary Anna Hebrank
6. *Mother's Maiden Name* Mary Anna Thalheimer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Hebrank
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Rena Hillegeist

Address No 182 Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13787

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White race
3. *Date of Birth* the 10 of September 1876
4. *Place of Birth* (Street and Number) do 529 Fremont st
5. *Full Name of Mother* Laizzia Blacker
6. *Mother's Maiden Name* Lizzia Wheal
7. *Mother's Birthplace* in Baltimore
8. *Full Name of Father* George Blacker
9. *Father's Occupation* a Offeresser
10. *Father's Birthplace* in Gumbear land

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engeldinger

Address No 14 Niron st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 10th 1876.
4. Place of Birth (Street and Number)	259 E Baltimore st
5. Full Name of Mother	Maria J Diggs
6. Mother's Maiden Name	" " Mallone
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	Charles W Diggs.
9. Father's Occupation	Feed Store.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	D Webster Bothell M.D.
Address	1½ S Exeter St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13789.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 10th September
4. Place of Birth (Street and Number) 124 Henrietta Str
5. Full Name of Mother Catharina Worch
6. Mother's Maiden Name Landzettel.
7. Mother's Birthplace Kurhessen
8. Full Name of Father Adam Worch
9. Father's Occupation Varnisher
10. Father's Birthplace Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Mrs Strung

Address Mrs M. Strung

Remarks No 34. Liadenhall Stadt.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13790

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5;

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 10th of Sept. 1876
4. *Place of Birth (Street and Number)* No 8 Forest St.
5. *Full Name of Mother* Barra Wiedemann
6. *Mother's Maiden Name* M. Heisel
7. *Mother's Birthplace* Bavaria Ger.
8. *Full Name of Father* John Wiedemann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Millar

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Colord female
2. Race or Color (if not of the white race) of the Colord race
3. Date of Birth September the 10.18.76
4. Place of Birth (Street and Number) Durham St No. 18 Baltimore
5. Full Name of Mother Lucy Brown
6. Mother's Maiden Name
7. Mother's Birthplace Verginia
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lucindo Woolford

Address Regester St. 130

Remarks Nov

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	d. 10 September 1876.
4. Place of Birth (Street and Number)	Canton. Elliston Street.
5. Full Name of Mother	Wilhelmine Rebbel.
6. Mother's Maiden Name	Keller.
7. Mother's Birthplace	Prussia.
8. Full Name of Father	Carl Rebbel.
9. Father's Occupation	Sailor.
10. Father's Birthplace	Saxony Germany.
Name of Medical Attendant, or other Person who makes this Return.	Anna Rimmer.
Address	Baltimore 61. Elliott Street.
Remarks	

SEP 14 1876

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 11th 1876.
4. Place of Birth (Street and Number)	239 Font- ham.
5. Full Name of Mother	Annie M Beck
6. Mother's Maiden Name	Annie M. Rippel
7. Mother's Birthplace	Carroll Co Md.
8. Full Name of Father	Peter J. Beck
9. Father's Occupation	Engineer B & O - R. C.
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	J. E. Harrington M.D.
Address	321 Light St.
Remarks	

HEALTH DEP SEP 14 1876 BALTIMORE MD

RETURN OF A BIRTH.

13791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 12 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Sept 10
4. *Place of Birth* (Street and Number)	243 Bank Street
5. *Full Name of Mother*	Ellen Welch
6. *Mother's Maiden Name*	Ellen Collins
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Welch
9. *Father's Occupation*	Shipcarpenter
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Fleming
Address	No 91 Aliemarle St E
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13795.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 10th 1876
4. Place of Birth (Street and Number)	374 Aisquith st
5. Full Name of Mother	Mary P. Eardman
6. Mother's Maiden Name	Mary P. Snyder
7. Mother's Birthplace	Maryland
8. Full Name of Father	John C. Eardman
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Eugene L. Winter
Address	178 Harford Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 816 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Sept. 10th 1876
4. Place of Birth (Street and Number)	72 Centre Market Space.
5. Full Name of Mother	Anna M. Gorman.
6. Mother's Maiden Name	Anna M. Seipt.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Charles B. Gorman.
9. Father's Occupation	Printer.
10. Father's Birthplace	Philadelphia.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Buell. M.D.
Address	72 E. Balt St.
Remarks	The child is probably about 8 mos. small and delicate in appearance.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13797

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Sept 10th. 1876
4. *Place of Birth* (Street and Number)	248 Mayrtle Ave
5. *Full Name of Mother*	Maggie E Franklin
6. *Mother's Maiden Name*	Meilnor
7. *Mother's Birthplace*	Phila'a.
8. *Full Name of Father*	Jas Walter Franklin
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	262 Madison St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth 10 September

4. Place of Birth (Street and Number) Lexington Street near the market

5. Full Name of Mother Maria Weber

6. Mother's Maiden Name Marie Hammer

7. Mother's Birthplace Baltimore City

8. Full Name of Father Charles Weber

9. Father's Occupation Clerk

10. Father's Birthplace Vienna . Austria

Name of Medical Attendant, or other Person who makes this Return. Dr F. Reinhard

Address 224 West Fayette Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	1st Sept. 1876.
4. Place of Birth (Street and Number)	18 Davis St.
5. Full Name of Mother	Mary Kuhn
6. Mother's Maiden Name	Davis
7. Mother's Birthplace	Russia
8. Full Name of Father	Augustus Kuhn
9. Father's Occupation	Tailor
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	32 E. Fronbard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 10th 1876
4. Place of Birth (Street and Number)	No 108 Lancaster
5. Full Name of Mother	Rosa Schmidt
6. Mother's Maiden Name	Fuchs
7. Mother's Birthplace	Germany
8. Full Name of Father	Lapsey Smith
9. Father's Occupation	~~Peddler~~ Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank ster.
Remarks	

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 10th
4. Place of Birth (Street and Number) No 182 Chapel St
5. Full Name of Mother Margaret Beck Michael
6. Mother's Maiden Name Margaret Beck
7. Mother's Birthplace Germany
8. Full Name of Father Adam ~~John~~ Michael
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address

Remarks The child was born at 3 A M and died of catarrh at 10 A.M.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) female 1

2. Race or Color (if not of the white race) White

3. Date of Birth September 10th 1876

4. Place of Birth (Street and Number) Williamson St No. 10

5. Full Name of Mother Mary F Taylor

6. Mother's Maiden Name Mary F Simonier

7. Mother's Birthplace Baltimore

8. Full Name of Father William Taylor

9. Father's Occupation cooper

10. Father's Birthplace St Marys county

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 92 Hamburg St

Remarks Mother and child doing well at present

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Sept 11 1876
4. *Place of Birth* (Street and Number) 46 Wine Street
5. *Full Name of Mother* Ellen Baker
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Accomac County Va
8. *Full Name of Father* Peter Baker
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas

Remarks 11 Burgundy Alley

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

138011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Childern
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	10 of September
4. Place of Birth (Street and Number)	William St No 275
5. Full Name of Mother	Sarah Brophy
6. Mother's Maiden Name	Sarah King
7. Mother's Birthplace	Irland
8. Full Name of Father	games Brophy
9. Father's Occupation	Labor.
10. Father's Birthplace	Irland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 11th

4. Place of Birth (Street and Number) 22 Lincoln Avenue

5. Full Name of Mother Augustine Josephine Bougon

6. Mother's Maiden Name Augustine Josephine Audiot

7. Mother's Birthplace Stable Franc

8. Full Name of Father Amand Louis Bougon

9. Father's Occupation Coachman

10. Father's Birthplace Paris Franc

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenichl Midwife

Address No 220 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13806

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th	
1. *Sex (state whether Male or Female)*	Male	80
2. *Race or Color (if not of the white race)*	White	12
		160
3. *Date of Birth*	11 Sep. 1876	80
4. *Place of Birth (Street and Number)*	81 W. Biddle	960
5. *Full Name of Mother*	Kate Henry	
6. *Mother's Maiden Name*	Kate Fiesler	
7. *Mother's Birthplace*	Balt. City	
8. *Full Name of Father*	Joseph Henry	
9. *Father's Occupation*	Paper Hanger	
10. *Father's Birthplace*	Balt City	
Name of Medical Attendant, or other Person who makes this Return.	Marburg Brown MD	
Address	201 W. Biddle St.	
Remarks		

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 11th 1876
4. Place of Birth (Street and Number)	518 W Lexington St
5. Full Name of Mother	Ella Jn. Hart
6. Mother's Maiden Name	Ella Jn. Hudson
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm Henry Hart
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address	178 Harford Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13505

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
15
1776
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth September 11
4. Place of Birth (Street and Number) Holland St 26
5. Full Name of Mother Florence Graves
6. Mother's Maiden Name Florence Jones
7. Mother's Birthplace Virginia
8. Full Name of Father James Graves
9. Father's Occupation Streetsman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McHenry St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 11th 1876.
4. Place of Birth (Street and Number)	161 Columbia Av.
5. Full Name of Mother	Anna Melchoir,
6. Mother's Maiden Name	" Deckman,
7. Mother's Birthplace	Balto. City,
8. Full Name of Father	Lewis J. Melchoir,
9. Father's Occupation	Drayman,
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall, M.D.,
Address	15 S. Sharp St.
Remarks	Child living & well developed —

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13810

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 11

1. *Sex* (state whether Male or Female) Female healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 11th of Sept. 1876
4. *Place of Birth* (Street and Number) No 4 Dover St.
5. *Full Name of Mother* E. Lizzie Koehl Koehl
6. *Mother's Maiden Name* L. Schilling
7. *Mother's Birthplace* born in the State of Pa.
8. *Full Name of Father* Fred Koehl
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Miller

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 11th
4. Place of Birth (Street and Number)	160. Orleans St
5. Full Name of Mother	Emma E Billington
6. Mother's Maiden Name	Emma E Mace
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James P Billington
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Price
Address	196. N. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 11th 1876
4. Place of Birth (Street and Number) 325 Hamburg St
5. Full Name of Mother Matilda Berry
6. Mother's Maiden Name Markel
7. Mother's Birthplace Penn
8. Full Name of Father Wm H Berry
9. Father's Occupation Laborer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 11th 1876
4. Place of Birth (Street and Number)	417 Central Av
5. Full Name of Mother	Sarah E. Armiger
6. Mother's Maiden Name	Sarah E. Armiger
7. Mother's Birthplace	West River Md
8. Full Name of Father	Joshua E. Armiger
9. Father's Occupation	Carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	P S Kinneman M D
Address	73 East Pratt St
Remarks	Baltimore

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1.3811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 11th
4. Place of Birth (Street and Number)	130 S. Chaptank st
5. Full Name of Mother	Mary Ann Wise
6. Mother's Maiden Name	Mary Ann Carrol
7. Mother's Birthplace	Ashland Balto County
8. Full Name of Father	Jacob Phillips Wise
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1.9815

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	1st Sept 1876
4. Place of Birth (Street and Number)	186 Dallas St.
5. Full Name of Mother	Lizzie Pencil
6. Mother's Maiden Name	Kaufman
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Pencil
9. Father's Occupation	Cleaner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13816

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th of September 1876.
4. Place of Birth (Street and Number)	No 489 East Baltimore St
5. Full Name of Mother	Catherine Ruth
6. Mother's Maiden Name	Catherine Adams
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph J. Ruth
9. Father's Occupation	Oyster Packer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Thomas G. Evans. M.D
Address	No 18 Jackson Square
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13817

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Sept 11th 1876
4. *Place of Birth* (Street and Number) 124 S. Howard Street
5. *Full Name of Mother* Eliza Williams
6. *Mother's Maiden Name*
7. *Mother's Birthplace* West River Maryland
8. *Full Name of Father* James Williams
9. *Father's Occupation* Laborer
10. *Father's Birthplace* West River Md

Name of Medical Attendant, or other Person who makes this Return. Deborah Timms

Address Burgundy Alley 11

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	8 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 11 th 1876
4. Place of Birth (Street and Number)	Ave Croner Ridgley @ Cross
5. Full Name of Mother	Cathern Glasmeyer
6. Mother's Maiden Name	Horstmann
7. Mother's Birthplace	Germany.
8. Full Name of Father	Henry Glasmeyer.
9. Father's Occupation	Barkeeper
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrgasser midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 12th 1876
4. *Place of Birth (Street and Number)* No 237 ~~Dallas~~ Dallas st
5. *Full Name of Mother* Dora ~~Goldendastreet~~ Ammon
6. *Mother's Maiden Name* Dora Goldendastreet
7. *Mother's Birthplace* Germany
8. *Full Name of Father* ~~He~~ William Ammon
9. *Father's Occupation* Cabinetmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address ~~He~~ No 182 Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13820

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 12th 1876
4. Place of Birth (Street and Number) 67 S. Chapel St.
5. Full Name of Mother Elisabeth Schmidt
6. Mother's Maiden Name Elisabeth Kraus
7. Mother's Birthplace Bavaria
8. Full Name of Father John Schmidt
9. Father's Occupation Laborer
10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. J. Lederer

Address 23 S. Durham St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13821

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 12 76
4. Place of Birth (Street and Number)	75 Thames St.
5. Full Name of Mother	Amelia E. Hodges
6. Mother's Maiden Name	Amelia E. McNeal
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Henry B. Hodges
9. Father's Occupation	Produce Dealer
10. Father's Birthplace	Anne Arundel Co.
Name of Medical Attendant, or other Person who makes this Return.	L. L. Watkins M.D.
Address	77 So. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13822

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Two Children
1. Sex (state whether Male or Female)	Last a girl
2. Race or Color (if not of the white race)	Color White
3. Date of Birth	Born 1st of 2d September 1876
4. Place of Birth (Street and Number)	426 W East Orleans st
5. Full Name of Mother	Amma Mercy
6. Mother's Maiden Name	Amma Burn
7. Mother's Birthplace	Tabertounty Maryland
8. Full Name of Father	Jesey James Burn
9. Father's Occupation	Tailor
10. Father's Birthplace	Talbercounty Maryland
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address 11 North Chappel st	for John Kunkel
Remarks Healthy	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13823

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Sex Girl

2. Race or Color (if not of the white race) White

3. Date of Birth Born the 12th of September 1876

4. Place of Birth (Street and Number) 253 East Orleans st

5. Full Name of Mother Kate Reise

6. Mother's Maiden Name Kate Langer

7. Mother's Birthplace Germany

8. Full Name of Father Charles Langer

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkle

Address 11 North Chappel st Joseph Kunkle

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13 8 2 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Colord female
2. Race or Color (if not of the white race) of the Coolor race
3. Date of Birth Sep the 12·18·76
4. Place of Birth (Street and Number) Baltimore Chaffle St 110
5. Full Name of Mother Isabell Baley
6. Mother's Maiden Name Isebell Miller
7. Mother's Birthplace Versinia
8. Full Name of Father Benjaman Baley
9. Father's Occupation Brick maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Eigesser St 130

Remarks none

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13825

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September the 12, 1876
4. *Place of Birth (Street and Number)* N. Spring St. No. 17.
5. *Full Name of Mother* Katharina Müller
6. *Mother's Maiden Name* Katharina Werner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich A. Müller
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Okarben Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 12 d. 1876
4. *Place of Birth (Street and Number)* No. 50 S. Central a. V
5. *Full Name of Mother* Ema Geppner
6. *Mother's Maiden Name* C Vogel
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* August Geppner
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Mari R Rudiger

Address 134 N. Bond Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	12 of September
4. Place of Birth (Street and Number)	Gouten St No 285
5. Full Name of Mother	Brighart Laughter
6. Mother's Maiden Name	Brighart Mary
7. Mother's Birthplace	Irland.
8. Full Name of Father	Thomas Laughter
9. Father's Occupation	Labor
10. Father's Birthplace	Irland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Sept 12th 1876

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother Christina Alt

6. Mother's Maiden Name Christina [illegible]

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John Alt

9. Father's Occupation [illegible]

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie [illegible]

Address 220 Preston [illegible]

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	12 th of september 1876
4. Place of Birth (Street and Number)	Kitty Mitchel
5. Full Name of Mother	No 3 Springgarden avenue
6. Mother's Maiden Name	Kitty high
7. Mother's Birthplace	Colbert County Ala.
8. Full Name of Father	George mitchel
9. Father's Occupation	Huckster
10. Father's Birthplace	Chestertown Md
Name of Medical Attendant, or other Person who makes this Return.	Milly Gross 301 Hanover
Address	
Remarks	

HEALTH DEPARTMENT SEP 16 1876 BALTIMORE

RETURN OF A BIRTH.

138.30
138.31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st twin
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	C.
3. Date of Birth	Sept 12th
4. Place of Birth (Street and Number)	Sterritt Al.
5. Full Name of Mother	Clara Jones
6. Mother's Maiden Name	Clarkson
7. Mother's Birthplace	Balty.
8. Full Name of Father	Jab. Jones
9. Father's Occupation	Waiter
10. Father's Birthplace	Balt Co
Name of Medical Attendant, or other Person who makes this Return.	A. T. Reynolds M.D.
Address	186 Aisquith St.
Remarks	

Extract Regulations of the Board of Health relative to securing a Correct Record of Vital Statistics in the City of Baltimore.

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13832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	4 t
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Septemb 12. 1876
4. Place of Birth (Street and Number)	C Monumentstr No 485
5. Full Name of Mother	Elise Ende
6. Mother's Maiden Name	Elise Bensel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henri Ende
9. Father's Occupation	Backer
10. Father's Birthplace	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Ms Johann Pauprach
Address	South Wolfstr 28
Remarks	Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13833

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh. Child.

1. Sex (state whether Male or Female) Male. Child
2. Race or Color (if not of the white race) American, White Child
3. Date of Birth 12th of. September
4. Place of Birth (Street and Number) Baltimore Boyd. Str. No. 80.
5. Full Name of Mother Elizibeth. Jane. Tivvis
6. Mother's Maiden Name Elizibeth Jane. Wheat.
7. Mother's Birthplace Anurandell. County. Md
8. Full Name of Father Edward. Tivvis.
9. Father's Occupation Tanner by. Trade.
10. Father's Birthplace Baltimore. City.

Name of Medical Attendant, or other Person who makes this Return. Mrs., Seabach.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

138314

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Col ~~Sept 12 1876~~
3. Date of Birth	Sept 12 " 1876
4. Place of Birth (Street and Number)	Spring St between Jefferson & Mc Elderry St
5. Full Name of Mother	Louisa Brisco
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Maryland
8. Full Name of Father	Frank James
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Catrina Scott
Address	87 Spring St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13835

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* light complection
3. *Date of Birth* Tuesday Sept 12th 1876
4. *Place of Birth (Street and Number)* 2 Hamilton st
5. *Full Name of Mother* Annie Collins
6. *Mother's Maiden Name* Annie Snowden
7. *Mother's Birthplace* Montgomery co md
8. *Full Name of Father* Christopher Collins
9. *Father's Occupation* brick maker
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address 6 Hamilton

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 12 September
4. Place of Birth (Street and Number) 37 Granby Street
5. Full Name of Mother Pauline Zacher
6. Mother's Maiden Name Smidt
7. Mother's Birthplace Germiny
8. Full Name of Father Louis Zacher
9. Father's Occupation Tailor
10. Father's Birthplace Germiny

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13537

HEALTH DEPARTMENT
SEP
25
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Nine

1. *Sex* (~~state whether Male or~~ Female)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* September 12 twelfth June 1876
4. *Place of Birth* (Street and Number) 340 North Broadway Balto.
5. *Full Name of Mother* Julia Frances Morris
6. *Mother's Maiden Name* Julia Frances Cox
7. *Mother's Birthplace* Alexandria City Virginia
8. *Full Name of Father* Samuel Charles Morris
9. *Father's Occupation* Printer
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Hayes M.D.

Address

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Sept 12th 1876
4. Place of Birth (Street and Number) No 99 Ann sts
5. Full Name of Mother Emma Alweser
6. Mother's Maiden Name " Cousch
7. Mother's Birthplace Germany
8. Full Name of Father Fleet Alweser
9. Father's Occupation Tinner
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank sts.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sep 12 1876

4. Place of Birth (Street and Number)

5. Full Name of Mother Maranda Jones

6. Mother's Maiden Name Marshall

7. Mother's Birthplace Eastern Shore md

8. Full Name of Father Elie Jones

9. Father's Occupation Waiter

10. Father's Birthplace Eastern Shore md

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address No 83 Oxford St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

138140

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	Third
1. *Sex* (*state whether Male or Female*)	Male
2. *Race or Color* (*if not of the white race*)	Colored
3. *Date of Birth*	12 September
4. *Place of Birth* (*Street and Number*)	[illegible]
5. *Full Name of Mother*	Elisabeth Anthony
6. *Mother's Maiden Name*	Elisabeth Mist
7. *Mother's Birthplace*	St Mary's Co Md
8. *Full Name of Father*	Levin Anthony
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Cambridge
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Hayward
Address	220 Milligan St
Remarks	

13841

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 12 1870
4. Place of Birth (Street and Number) No. 72 W. Chester St
5. Full Name of Mother Lizzie W. Wolford
6. Mother's Maiden Name W. Winchester
7. Mother's Birthplace Balto City
8. Full Name of Father James J. Wolford
9. Father's Occupation Wood and Coal dealer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 2 [illegible]

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord
3. Date of Birth Sep 12 1876
4. Place of Birth (Street and Number) No 166 Rabung St
5. Full Name of Mother
6. Mother's Maiden Name Elizabeth Johnson
7. Mother's Birthplace Baltimore city
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Seaman & Cooke

Address No 16 Penn Alley 10

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13843

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 15th 1876
4. Place of Birth (Street and Number)	No 130 Sharp St
5. Full Name of Mother	Sarah R Lukehart
6. Mother's Maiden Name	" " Lacount
7. Mother's Birthplace	Balto Md
8. Full Name of Father	John Lukehart
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs C A Lewis
Address	162 Hanover St Balto
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 13th
4. Place of Birth (Street and Number)	128 N. Eden St
5. Full Name of Mother	Annie Basden
6. Mother's Maiden Name	Annie Brown
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Saml Clayton Basden
9. Father's Occupation	Seaman
10. Father's Birthplace	Bermuda Islands
Name of Medical Attendant, or other Person who makes this Return.	Charles H. H. Burns M.D.
Address	186 E. Monument St
Remarks	

13845

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth Sept 13th 1876.
4. Place of Birth (Street and Number) 154 Mosher St.
5. Full Name of Mother Gertrude M. Zimmerman
6. Mother's Maiden Name Gertrude M. Goldsborough.
7. Mother's Birthplace Talbot Co. Md
8. Full Name of Father William S. Zimmerman.
9. Father's Occupation Insurance Agt
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. John J. A. Kroger M.D.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13846

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 13 September 1876
4. Place of Birth (Street and Number) N. Chapel St
5. Full Name of Mother Anna Bauer
6. Mother's Maiden Name Anna Fichtner
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Bauer
9. Father's Occupation Cooper
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. M. Lederer

Address 23 S Husham St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13847

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth September 13th 1876
4. Place of Birth (Street and Number) Fort Av No 6
5. Full Name of Mother Catherina Lynch
6. Mother's Maiden Name Catherina Follick
7. Mother's Birthplace Irland
8. Full Name of Father Michael Lynch
9. Father's Occupation Labor
10. Father's Birthplace Irland.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av

Remarks

Birth Registration of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13848

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 13th
4. Place of Birth (Street and Number) Bank Street: 176
5. Full Name of Mother Clara Ayres
6. Mother's Maiden Name Clara Miller
7. Mother's Birthplace Baltimore City
8. Full Name of Father Andrew Ayres
9. Father's Occupation Ship joiner
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Anna Schultz

Address 174 Orleans Street

Remarks very healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 Child.

1. *Sex* (state whether Male or Female) Male 2.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* th 13 of Septemper 1876
4. *Place of Birth* (Street and Number) Wasfatam 113
5. *Full Name of Mother* Christinah Lauer
6. *Mother's Maiden Name* Christinah Würtz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Simon Lauer
9. *Father's Occupation* Teller
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Christinah Lauer. 113 Wa,

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13850

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 d.

1. Sex (state whether Male or Female) Mädchen.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 13. Septr 1876.
4. Place of Birth (Street and Number) Baltimore O Donnell Str.
5. Full Name of Mother Caroliene Schülke
6. Mother's Maiden Name Klaviter
7. Mother's Birthplace Preußen
8. Full Name of Father Friedrich Schülke.
9. Father's Occupation Handarbeiter.
10. Father's Birthplace Preußen.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address Elliott Sr. 61.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child,

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White race,
3. Date of Birth the 13 of September 1876,
4. Place of Birth (Street and Number) Av 10 Pear Alla,
5. Full Name of Mother Henerery Buchhamer
6. Mother's Maiden Name Herneata Denker,
7. Mother's Birthplace in Geremeny,
8. Full Name of Father Mrites Buchhamer,
9. Father's Occupation a Schuemaker,
10. Father's Birthplace in Geremeny.

Name of Medical Attendant, or other Person who makes this Return: Midwife Theresa Eigeldinga,

Address Av 14 Union st

Remarks

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

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13852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh Child.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Thirteenth of September.
4. Place of Birth (Street and Number) Baltimore Md. 231. W. Mulberry St
5. Full Name of Mother Cate Kothe.
6. Mother's Maiden Name Cate Kothe.
7. Mother's Birthplace Baltimore. Md.
8. Full Name of Father Conrad Kothe.
9. Father's Occupation Tinner.
10. Father's Birthplace Europe.

Name of Medical Attendant, or other Person who makes this Return. Annie Meenehl Midwife

Address No 220 Preston St

Remarks

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

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13853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 13th 1876
4. Place of Birth (Street and Number)	No 6 Burton st
5. Full Name of Mother	Lauza Young
6. Mother's Maiden Name	Laura Kline
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Young
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dena Hallagan
Address	No 182 Monument st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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13854

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
16
1916
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 13
4. *Place of Birth (Street and Number)* 440 N Fremont St
5. *Full Name of Mother* Schulte Schutt
6. *Mother's Maiden Name* Schlute Schulte
7. *Mother's Birthplace* Germane
8. *Full Name of Father* F H Schulte
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germana

Name of Medical Attendant, or other Person who makes this Return. Ania Messenger Midwife

Address 220 Preston St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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13855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex* (state whether Male or Female)	~~Female~~ Male
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	September 13th.
4. *Place of Birth* (Street and Number)	South Bond st. 149 Baltimore Md.
5. *Full Name of Mother*	Kate Cordes
6. *Mother's Maiden Name*	Kate Hardman Germ.
7. *Mother's Birthplace*	Bohemia Prussia
8. *Full Name of Father*	Henry Cordes
9. *Father's Occupation*	Seafarer
10. *Father's Birthplace*	Hamburg Germ.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No. 204 S. South Bond St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13856

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT SEP 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 13th 1876
4. *Place of Birth (Street and Number)* 253 W. Pratt St.
5. *Full Name of Mother* Bertha Erlanger
6. *Mother's Maiden Name* " Appel
7. *Mother's Birthplace* Baden Germany
8. *Full Name of Father* Bernhard Erlanger
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Bavaria, Gy.

Name of Medical Attendant, or other Person who makes this Return. A. M. Salzer

Address 165 W. Lombard St.

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 18th 1876.
4. Place of Birth (Street and Number)	94. S. Sharp St.
5. Full Name of Mother	Sophia Fohs.
6. Mother's Maiden Name	" Hemhauser.
7. Mother's Birthplace	Byron. Germany.
8. Full Name of Father	George Fohs.
9. Father's Occupation	Saddler.
10. Father's Birthplace	Newark. N. Jersey.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M. D.
Address	158. S. Sharp St.
Remarks	Child living.

rect Record of Vital Statistics in the City of Baltimore.

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DEPART SEP 20 '76 BOR

13858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d. ~~Male~~
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 13d 1876.
4. Place of Birth (Street and Number)	Boot an Emily Arts
5. Full Name of Mother	Margaretha Geigler
6. Mother's Maiden Name	M. Muller
7. Mother's Birthplace	Bavaria
8. Full Name of Father	John Geigler
9. Father's Occupation	Grocer Store
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Earl St.
Remarks	

Return of Registrar of Vital Statistics in the City of Baltimore.

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13859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) the 3.

1. Sex (state whether Male or Female) ~~Male Child~~. female.
2. Race or Color (if not of the white race) Colored.
3. Date of Birth Bound. the. 13. 18. 76. Sep
4. Place of Birth (Street and Number) No. 8. Bolton. St Baltimore. Md.
5. Full Name of Mother Sore. Glord.
6. Mother's Maiden Name Sore. patrol.
7. Mother's Birthplace Gor. genua
8. Full Name of Father alen. patrol.
9. Father's Occupation drawn drayman
10. Father's Birthplace un. ~~no~~ none.

Name of Medical Attendant, or other Person who makes this Return. M. W. Mary. E. Chem.

Address No. 8 Bolton. St Baltimore. Md.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13860

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 13th
4. *Place of Birth (Street and Number)* No 579 West Lombard St
5. *Full Name of Mother* Angela Vogt Frank
6. *Mother's Maiden Name* Angela Vogt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Bernard Frank
9. *Father's Occupation* Shoe Maker
10. *Name of Medical Attendant, or other Person who makes this Return* Eliza Fuller Kemp

Address No 573 West Lombard St

Remarks Going Well

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Sept 13th 1876

4. Place of Birth (Street and Number) No. 300 Belair Ave

5. Full Name of Mother Elizabeth Zügler

6. Mother's Maiden Name Saber

7. Mother's Birthplace Germany

8. Full Name of Father William Zügler

9. Father's Occupation Bar Driver

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address No 120 Bank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 10 1876
4. *Place of Birth (Street and Number)* Baltimore Wilmore Al No 3
5. *Full Name of Mother* Louisa Hall
6. *Mother's Maiden Name* Holden
7. *Mother's Birthplace* North Carolina
8. *Full Name of Father* Henry Hall
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Middlesex Co

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address No 83 Oxford St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13863

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (~~[illegible]~~ Male ~~[illegible]~~ale)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 13th 1876
4. Place of Birth (Street and Number)	No 354 East Lombard St
5. Full Name of Mother	Catherine Isabelle Blinn
6. Mother's Maiden Name	Catherine Isabell Houlton
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles A. Blinn
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Thomas B. Evans M.D.
Address	No 18 Jackson Square
Remarks	Balto. M.D.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13864

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sept. 13th.
4. Place of Birth (Street and Number) 15 So. Green St.
5. Full Name of Mother Maria Latrus
6. Mother's Maiden Name
7. Mother's Birthplace Frederick Co.
8. Full Name of Father William Latrus
9. Father's Occupation Barbar
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proctor

Address 10 Carlton St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 13, 1876
4. Place of Birth (Street and Number) No. 249 Bank St
5. Full Name of Mother Mary Wilson
6. Mother's Maiden Name Bathy
7. Mother's Birthplace Balto City
8. Full Name of Father George Wilson
9. Father's Occupation Gales Man
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. M. J. Gaty Md

Address No. 7 N. H. Bank St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 14 76
4. Place of Birth (Street and Number)	36 Mine
5. Full Name of Mother	Eliza Lee
6. Mother's Maiden Name	Lee
7. Mother's Birthplace	Balto
8. Full Name of Father	Hy Lee
9. Father's Occupation	Hod Carrier
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Louis M. Eastman
Address	39 Linn
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13867

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 14. 1876
4. Place of Birth (Street and Number) 177 Lexington
5. Full Name of Mother ~~Stehl~~ Buck
6. Mother's Maiden Name Stehl
7. Mother's Birthplace Balto.
8. Full Name of Father Louis Buck
9. Father's Occupation Restaurant proprietor
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. W. F. A. Kemp M.D.

Address 55 N. Greene St

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13868

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 September 1876
4. *Place of Birth (Street and Number)* 139 Gough St.
5. *Full Name of Mother* Elisabeth Falkenhan
6. *Mother's Maiden Name* Elisa. Druger
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Caspar Falkenhan
9. *Father's Occupation* Driver
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. B. Lederer

Address 23 S. Durham St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

James Edwin

No. of Child of Mother (state whether 1st, 2d, 3d, &c.	2d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 14. 1876
4. Place of Birth (Street and Number)	201 Johnson st.
5. Full Name of Mother	Ida Thumblet
6. Mother's Maiden Name	Ida Holmes
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Peter H Thumblet
9. Father's Occupation	Machinist and Engineer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	T. Daughaity M.D
Address	64 William st
Remarks	GIVEN NAME ADDED 2-9-53 L.M.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13870

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colled

3. Date of Birth 14. September 1876

4. Place of Birth (Street and Number) No. 36. Jordan, Alley

5. Full Name of Mother Louisa Hammond

6. Mother's Maiden Name Louisa Hawkins

7. Mother's Birthplace Was Born Colbert County. Md

8. Full Name of Father Alexandret Hawkins

9. Father's Occupation Sexton Of S. Church

10. Father's Birthplace Born in the City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Scharlott Golds Beary

Address 89. Mores Alley. Balt. Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13871

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
19
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Sept 14

4. *Place of Birth* (Street and Number) 16 Hamilton St

5. *Full Name of Mother* Mary Jane Kenny

6. *Mother's Maiden Name* Mary Jane Kavanagh
Baltimore Md

7. *Mother's Birthplace*

8. *Full Name of Father* Patrick F Kenny

9. *Father's Occupation* Stone cutter

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzell midwife

Address No 230 Preston St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September the 11th 1876
4. *Place of Birth (Street and Number)* N. Eden St. - No 29.
5. *Full Name of Mother* Elisa Hofferbert.
6. *Mother's Maiden Name* Elisa Zitler
7. *Mother's Birthplace* Offenbach, Gr. Hessen Germany
8. *Full Name of Father* Adam Hofferbert
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Bischofsheim Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Harry E. Muller

Address N. Dallas St. - No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13873

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 15 th 1926.

SEP 15 1926 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st m.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* Sept 14 th 1926.
4. *Place of Birth* (Street and Number) 74 Lancaster St.
5. *Full Name of Mother* Barbara Engehardt.
6. *Mother's Maiden Name* Barbara Bauer.
7. *Mother's Birthplace* America.
8. *Full Name of Father* George Engehardt
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 Wolfe St.

Remarks 4

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

138774

1511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 15 1876.

HEALTH DEPARTMENT SEP 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 11

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Sept 14 1876.
4. *Place of Birth (Street and Number)* 128 Chapel St.
5. *Full Name of Mother* Johanna Bayern Rönspies.
6. *Mother's Maiden Name* Johanna Bayern.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Rönspies.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M Arnold.

Address No 137 Wolfe St.

Remarks //

13875

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child,

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* the 14 of September 1876,
4. *Place of Birth (Street and Number)* No 2,20 Penn Avenue
5. *Full Name of Mother* Lizzia Schearer,
6. *Mother's Maiden Name* Lizzia Nagel,
7. *Mother's Birthplace* in Baltimore,
8. *Full Name of Father* Willem Schearer,
9. *Father's Occupation* a Stonecutter
10. *Father's Birthplace* in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelsinger

Address No 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

13877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 day September 1176
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* abbie baxter
6. *Mother's Maiden Name* abbie donihue
7. *Mother's Birthplace* ireland
8. *Full Name of Father* William baxter
9. *Father's Occupation* watchman of vessels
10. *Father's Birthplace* ~~Devonshire~~ plymouth Devonshire england

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address choptank

Remarks

SEP 31 1876 BALTIMORE

13878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

o. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) White

Date of Birth Sep 14th

Place of Birth (Street and Number) 97 Choptank St

Full Name of Mother Sarah Drury

Mother's Maiden Name Sarah Keys

Mother's Birthplace Baltimore

Full Name of Father William Drury

Father's Occupation Rigger

Father's Birthplace St Marys

Name of Medical Attendant, or other Person who makes this Return. Mrs James Knowles

Address 212 Eastern

Remarks

rect Record ... tistics ... re.

13879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colord
3. Date of Birth Sept 14 1876
4. Place of Birth (Street and Number) 1066 Welcome alley
5. Full Name of Mother Leatha Johnson
6. Mother's Maiden Name " " "
7. Mother's Birthplace Calvert Co
8. Full Name of Father unknown
9. Father's Occupation " " "
10. Father's Birthplace " " "

Name of Medical Attendant, or other Person who makes this Return. Lucy Sidney

Address

Remarks 80 Patapsco Avenue Between York and Hill

That any physician, accoucheur, midwife, or the person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13880

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
SEP
776
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex (state whether Male or Female)* Boj
2. *Race or Color (if not of the white race)* Wihte
3. *Date of Birth* 14 September
4. *Place of Birth (Street and Number)* 24 Secker Strit
5. *Full Name of Mother* Balbina Lisnet
6. *Mother's Maiden Name* Grubiech
7. *Mother's Birthplace* Naket
8. *Full Name of Father* Zimon Lisnek
9. *Father's Occupation* ———
10. *Father's Birthplace* Naket

Name of Medical Attendant, or other Person who makes this Return. Merie Güttner

Address 245 Wolf Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13881

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September the 14th 1876
4. Place of Birth (Street and Number)	No 5 Leadenhall St
5. Full Name of Mother	Cathrina Kimball
6. Mother's Maiden Name	" " Martin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Kimball.
9. Father's Occupation	Detective
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Miench
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1916 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 14 September

4. Place of Birth (Street and Number) 9 Aboth St.

5. Full Name of Mother Amalie Leine

6. Mother's Maiden Name " " Lenhardt

7. Mother's Birthplace Jackson

8. Full Name of Father Henry Leine

9. Father's Occupation Cabinet Maker

10. Father's Birthplace Jackson

Name of Medical Attendant, or other Person who makes this Return. L. Conrad

Address 20 Barnes St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (~~state whether Male~~ or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* September 14th Year 1876
4. *Place of Birth (Street and Number)* 362 East Fayett Street Balo
5. *Full Name of Mother* Laura Lavenia Cromwell
6. *Mother's Maiden Name* Laura Lavenia Morgan
7. *Mother's Birthplace* Hollidaysburge Pennsylvania
8. *Full Name of Father* Samuel Cromwell
9. *Father's Occupation* Sailmaker
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Watson

Address 18 Aisquith Street Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13884

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	Sept. 14th 1876
4. *Place of Birth* (Street and Number)	6. Hull st.
5. *Full Name of Mother*	Margareth Clarke
6. *Mother's Maiden Name*	" Mila
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	Patrick Clarke
9. *Father's Occupation*	Stevedore
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Pierre G. Dauschund
Address	27. N. Broadway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

13885

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15 September 1876
4. Place of Birth (Street and Number) 250 Eastern Ave
5. Full Name of Mother Elisabeth ~~Mueller~~ Bethalt
6. Mother's Maiden Name Elisabeth ~~Bethalt~~ Mueller
7. Mother's Birthplace Prussia
8. Full Name of Father Michael Bethalt
9. Father's Occupation Merchant
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks 23 S. Durham St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1876 BALTIMORE

No. of Child of Mother (~~state whether 1st~~, 2d, ~~3d, &c.~~) 1

1. Sex (~~state whether Male or~~ Female)
2. Race ~~or Color (if not of the~~ white ~~race~~)
3. Date of Birth Sept. 15th 130 A.M.
4. Place of Birth (Street and Number) 70 Albemarle St
5. Full Name of Mother Maggie Corcoran
6. Mother's Maiden Name " Gaitly
7. Mother's Birthplace Baltimore
8. Full Name of Father Micheal J Corcoran
9. Father's Occupation Clerk
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. A Tregs Sherlzer M.D.

Address 11 S. High St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* September the 15 1876
4. *Place of Birth (Street and Number)* No 252 Raburge Street
5. *Full Name of Mother* Miss Fanny Warles
6. *Mother's Maiden Name* fanny austes
7. *Mother's Birthplace* eastern Shore Maryland
8. *Full Name of Father* George William Warles
9. *Father's Occupation* coffee boy Marker
10. *Father's Birthplace* Baltimore city Maryland

Name of Medical Attendant, or other Person who makes this Return. Sharlet Horn

Address 258 Raburg Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13885

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 15th 1876.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Sept 15th 1876.
4. *Place of Birth (Street and Number)* 181 Bond St.
5. *Full Name of Mother* Lizzie Cohn
6. *Mother's Maiden Name* Lizzie Löchel
7. *Mother's Birthplace* America.
8. *Full Name of Father* Lorenz Cohn.
9. *Father's Occupation* Cigar maker.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. M. M. M. Amend.

Address No. 137 Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	September 15
4. Place of Birth (Street and Number)	Light St. 605
5. Full Name of Mother	Mattie Henderson
6. Mother's Maiden Name	Tatum
7. Mother's Birthplace	Ohio
8. Full Name of Father	William Henderson
9. Father's Occupation	Shoemaker
10. Father's Birthplace	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	Caroline Fisher
Address	To the office of Registrar of Vital Statistic Board of Baltimore City
Remarks	

1444.

13890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	M.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th, Sept,
4. Place of Birth (Street and Number)	151 S. Eden St
5. Full Name of Mother	Bridget Cloke
6. Mother's Maiden Name	Bridget Leary
7. Mother's Birthplace	Co. Wexford Ireland
8. Full Name of Father	Jas. Cloke
9. Father's Occupation	Coal & Wood Dealer
10. Father's Birthplace	Co. Wexford Ireland
Name of Medical Attendant, or other Person who makes this Return.	John F. Monmouth M.D.
Address	S.W. Cor Calvert & Read St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18891.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 September
4. Place of Birth (Street and Number)	135 Forest Street
5. Full Name of Mother	Regina Rath
6. Mother's Maiden Name	Daub
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Rath
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Vinson
Address	170 70 Granby Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 15th 1876

4. Place of Birth (Street and Number) 1044 S. Central Avenue

5. Full Name of Mother Elizabeth Rudolph

6. Mother's Maiden Name Elizabeth Fermann

7. Mother's Birthplace Cherrhusen Germany

8. Full Name of Father Henry Rudolph

9. Father's Occupation Carpenter

10. Father's Birthplace Cherrhusen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. H. A. Bull

Address No. 181 S. Central Avenue near Rensselaer St.

Remarks Both Well

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 15th 1876

4. Place of Birth (Street and Number) No 181 Asquith St.

5. Full Name of Mother Mrs. Ridgway

6. Mother's Maiden Name M. McAll

7. Mother's Birthplace Baltimore City.

8. Full Name of Father W. Ridgway.

9. Father's Occupation Pastrer

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mrs. H. L. Butt.

Address No. 181 N. Central Avenue near Monument St.

Remarks [illegible]

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13894

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 15th 1876
4. Place of Birth (Street and Number)	81 N. Wolf st.
5. Full Name of Mother	Maria Victoria Fuller
6. Mother's Maiden Name	Cook
7. Mother's Birthplace	Anne Arundel Co. Md.
8. Full Name of Father	Josiah Warren Fuller
9 Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	E. P. Sons M.D.
Address	406 E. Baltimore St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13895

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 '76 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 15th 1876.
4. Place of Birth (Street and Number)	31. Pearl Street
5. Full Name of Mother	M. Sinkler
6. Mother's Maiden Name	M. Eisiah
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	S. Sinkler
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Winsel
Address	56 Pearl St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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13896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15th Day of September
4. Place of Birth (Street and Number) 397 Eastern Ave Cor of Dist
5. Full Name of Mother Matilda P Taeuber
6. Mother's Maiden Name Matilda Prott
7. Mother's Birthplace Baltimore
8. Full Name of Father William Frederick Taeuber
9. Father's Occupation Tailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13897

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	15 7 September
4. Place of Birth (Street and Number)	142 canton avnue
5. Full Name of Mother	Elizbeth Stiller
6. Mother's Maiden Name	Elizbeth Raison
7. Mother's Birthplace	Germeina
8. Full Name of Father	Adam Stiller
9. Father's Occupation	Labora
10. Father's Birthplace	Germainta
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wolez
Address	No 12 Paterson Park avnue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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13898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 15 September
4. *Place of Birth (Street and Number)* N Eutaw Street near Monument
5. *Full Name of Mother* Marie Guenther
6. *Mother's Maiden Name* Marie Ziegler
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wilhelm Guenther
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Frankfurt a/M Germany

Name of Medical Attendant, or other Person who makes this Return. Dr F. Reinhard

Address 224 W. Fayette Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13899

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 15 1876
4. Place of Birth (Street and Number)	366 Canton Av
5. Full Name of Mother	Anna R Rhinehart
6. Mother's Maiden Name	Brooks
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Henry Rhinehart
9. Father's Occupation	Tanmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah J Haringto
Address	No 40 Ernest
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13900

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sep. 15th 1876
4. Place of Birth (Street and Number)	No. 31. Baker St
5. Full Name of Mother	Idi Morning Wack
6. Mother's Maiden Name	" Slice
7. Mother's Birthplace	Priser
8. Full Name of Father	John Morning Wack
9. Father's Occupation	Priser
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Elize Schmitt
Address	476 P. A.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1d

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* Sept 15 '76.
4. *Place of Birth (Street and Number)* 170 Arlington Ave.
5. *Full Name of Mother* Laura W. Watts.
6. *Mother's Maiden Name* Laura W. Beall
7. *Mother's Birthplace* Cumberland, Md.
8. *Full Name of Father* George W. Watts.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Cumberland, Md.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Brozer Md

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 Febuar September
4. Place of Birth (Street and Number)	183 Bethel Street
5. Full Name of Mother	Lizzie Gonely
6. Mother's Maiden Name	Abach
7. Mother's Birthplace	Germany
8. Full Name of Father	Martin Gonely
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	1170 Granby St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13903

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 ~~February~~ September
4. Place of Birth (Street and Number)	33 Central Ave
5. Full Name of Mother	Katherine Roth
6. Mother's Maiden Name	Schlutz
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Roth
9. Father's Occupation	Engineer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	No 70 Granby Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13904

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Th

1. *Sex (state whether Male or Female)* Boj
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 Leptember
4. *Place of Birth (Street and Number)* 244 Wolf Street
5. *Full Name of Mother* Kejdy Krieger
6. *Mother's Maiden Name* Anton
7. *Mother's Birthplace* Frankfurt
8. *Full Name of Father* Adam Anton
9. *Father's Occupation* ———
10. *Father's Birthplace* Sztargat

Name of Medical Attendant, or other Person who makes this Return. Marie Güttner

Address No 245 Wolf Street

Remarks

13905

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 15 Sept

4. Place of Birth (Street and Number) 65 Barnes St

5. Full Name of Mother Marie Conrad

6. Mother's Maiden Name " Beran

7. Mother's Birthplace Wreck Bohemia

8. Full Name of Father Josef Beran

9. Father's Occupation Laborer

10. Father's Birthplace Pacis Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnes St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13906

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1896 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	three children
1. Sex (state whether Male or Female)	female too one male
2. Race or Color (if not of the white race)	Nite
3. Date of Birth	Sixteenth day september
4. Place of Birth (Street and Number)	no 40 gough St
5. Full Name of Mother	Elizabeth Street
6. Mother's Maiden Name	Elizabeth Shanklin
7. Mother's Birthplace	Baltimore County Md
8. Full Name of Father	William h Street
9. Father's Occupation	plumer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No 201. South. Bnd. St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 15th 1876
4. Place of Birth (Street and Number)	113 Register
5. Full Name of Mother	Catherina Fritziges
6. Mother's Maiden Name	Sentarau
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Fritziges
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13908

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 16th 1876
4. Place of Birth (Street and Number)	Baltimore 49 Carey St.
5. Full Name of Mother	~~Margaret~~ ~~McCarthy~~ Margaret Kennedy
6. Mother's Maiden Name	Margaret McCarthy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James H. Kennedy
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C. C. Richardson M.D.
Address	302 West Lombard St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first one Baltimore City
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	16 Day of September
4. Place of Birth (Street and Number)	Baltimore Maria st
5. Full Name of Mother	Emer Boston
6. Mother's Maiden Name	
7. Mother's Birthplace	Western Shore
8. Full Name of Father	Thomas Boston
9. Father's Occupation	Coachman
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Lucinder Cornish
Address	No 21 Rews st & Baltimore
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT SEP 23 1976 BALTIMORE

13910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 16
4. Place of Birth (Street and Number) 2 North Eutaw St
5. Full Name of Mother Fizzie Woole
6. Mother's Maiden Name Strauss
7. Mother's Birthplace Baltimore
8. Full Name of Father Alexandre Woole
9. Father's Occupation Taxidermist
10. Father's Birthplace Sachsen

Name of Medical Attendant, or other Person who makes this Return. P. Mary Kwon

Address 328 S. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 23 1976
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 16
4. Place of Birth (Street and Number)	317 Hamburg St
5. Full Name of Mother	Catherine Steinginger
6. Mother's Maiden Name	Schaub
7. Mother's Birthplace	Prussia
8. Full Name of Father	Charles Steinginger
9. Father's Occupation	Prussia
10. Father's Birthplace	Cabinet maker
Name of Medical Attendant, or other Person who makes this Return.	Mary Keeli
Address	324 E Eutaw St.
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13912

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 16th 1876.
4. Place of Birth (Street and Number)	205 Johnson St.
5. Full Name of Mother	Mary E. Elder.
6. Mother's Maiden Name	" " Carper.
7. Mother's Birthplace	Virginia
8. Full Name of Father	John. H. Elder.
9. Father's Occupation	Engineer.
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	158 Sharp St.
Remarks	Ch. living.

13913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 16th
4. Place of Birth (Street and Number)	99 Eathedral St.
5. Full Name of Mother	Eliza Ward
6. Mother's Maiden Name	" Driscoll
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James A. Ward
9 Father's Occupation	Blacksmith
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Charles. L. Lounder
Address	59 Eathedral St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sep 16. 1876
4. Place of Birth (Street and Number)	24. McKim St
5. Full Name of Mother	Mary Kopp
6. Mother's Maiden Name	Mary Miller
7. Mother's Birthplace	Germany
8. Full Name of Father	Michael Kopp
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	G H Rutter Jr
Address	151. E Madison St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	September 16th 1876
4. Place of Birth (Street and Number)	148 S. Bethel Street
5. Full Name of Mother	Sarah E. Truit
6. Mother's Maiden Name	Sarah E. Denby
7. Mother's Birthplace	Talbot Co. Md.
8. Full Name of Father	Isaac James Truit.
9. Father's Occupation	Driver
10. Father's Birthplace	Worcester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	77 So. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13916

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) wihte

3. Date of Birth 16 th September

4. Place of Birth (Street and Number) Washingtonner ave. 422.

5. Full Name of Mother Magrete Gold.

6. Mother's Maiden Name Magrete S Fridrich.

7. Mother's Birthplace baiern oberfeiter.

8. Full Name of Father John Fridrich

9. Father's Occupation blech smit

10. Father's Birthplace baiern beileiter

Name of Medical Attendant, or other Person who makes this Return. A Gerstenberger

Address 379 pratt street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13917

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 16th Sept.
4. Place of Birth (Street and Number) Henrietta St. No 32
5. Full Name of Mother Blanche Edwards
6. Mother's Maiden Name Blanche Lowry.
7. Mother's Birthplace Baltimore
8. Full Name of Father Marsillas Edwards
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Caskey

Address 115 Hamburg St.

Remarks both doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13918

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	Sept 6th 1876.
4. *Place of Birth* (Street and Number)	86 Pearl Street.
5. *Full Name of Mother*	Sarah Weis
6. *Mother's Maiden Name*	F. Krassone
7. *Mother's Birthplace*	Holland
8. *Full Name of Father*	F. Weis
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept 16th 1876.
4. Place of Birth (Street and Number)	~~St.~~ 106 Orchard Street.
5. Full Name of Mother	Liera Buettner
6. Mother's Maiden Name	L. Einer
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Michael Buettner
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13920

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 n Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 16 th 1876
4. Place of Birth (Street and Number)	No 188 Cross st
5. Full Name of Mother	Whilemine Treft
6. Mother's Maiden Name	Dean
7. Mother's Birthplace	America
8. Full Name of Father	Louis Treft
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13921

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth Sept. 16th 1876
4. Place of Birth (Street and Number) 84 Lucerne St.
5. Full Name of Mother Kate Travers
6. Mother's Maiden Name " Armstrong
7. Mother's Birthplace Balt. Md
8. Full Name of Father Geo. W. Travers
9. Father's Occupation Puddler
10. Father's Birthplace Balt. Md

Name of Medical Attendant, or other Person who makes this Return. G. Glanville, Rust [illegible]

Address Balt. & Wash. St.

Remarks Natural

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13922

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 '76 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 5 d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* September 16th 1876.
4. *Place of Birth (Street and Number)* William Street No 334.
5. *Full Name of Mother* Anna Fuchs.
6. *Mother's Maiden Name* Anna Fichen
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob F. Fuchs.
9. *Father's Occupation* Silver Smith
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Bailey Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* September 16th 1876.
4. *Place of Birth (Street and Number)* Burgot Alley No 213.
5. *Full Name of Mother* Mary Mueller.
6. *Mother's Maiden Name* Mary Demmick
7. *Mother's Birthplace* Balto Md.
8. *Full Name of Father* Charles Mueller
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Dorothea Brune

Address 114 Battery Ave.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

139211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Sept. 16/76.
4. *Place of Birth* (Street and Number)	Castle st No. 104.
5. *Full Name of Mother*	Catherine Nicolaus
6. *Mother's Maiden Name*	Stine
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Fred. Nicolaus
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germ.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schmitt
Address	Midwife 320 Alice Anna st.
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 16 Sept 1876

4. Place of Birth (Street and Number) No 6 Hamburg

5. Full Name of Mother Zenophin Harmon

6. Mother's Maiden Name " Travers

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm H Harmon

9. Father's Occupation house Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Th

1. Sex (state whether Male or Female) Boj
2. Race or Color (if not of the white race) White
3. Date of Birth 16 Septem
4. Place of Birth (Street and Number) 177 Lounds Street
5. Full Name of Mother Merie Pokrent
6. Mother's Maiden Name Bejme
7. Mother's Birthplace Wongrowiec Krajs Gnezen in Däuschland
8. Full Name of Father Kart Bejme
9. Father's Occupation ———
10. Father's Birthplace Wongrowiec

Name of Medical Attendant, or other Person who makes this Return. Marie Güttner

Address No 245 Wolf Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13927

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 16 Oct
4. Place of Birth (Street and Number) 220 N. Washington St.
5. Full Name of Mother Anna Rezek.
6. Mother's Maiden Name Mozzie.
7. Mother's Birthplace St. Jakobus Bohemia.
8. Full Name of Father Waclav Rezek
9. Father's Occupation Segarmaker
10. Father's Birthplace Wolsan Bohemia.

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnes St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ninth (9th)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Sunday Sept 17th
4. *Place of Birth* (Street and Number) No 29 Lanvis Alley
5. *Full Name of Mother* Amy Liggins
6. *Mother's Maiden Name* Ailey Hickay
7. *Mother's Birthplace* Petersburg Virginia
8. *Full Name of Father* Albert Liggins
9. *Father's Occupation* Groom
10. *Father's Birthplace* Petersburg Virginia

Name of Medical Attendant, or other Person who makes this Return. Ellen Stubbs Midwife

Address No 42 Strayer St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11

RETURN OF A BIRTH.

13929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
23
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth September 17. 78

4. Place of Birth (Street and Number) Harrison Str 58

5. Full Name of Mother Anna | Isaac

6. Mother's Maiden Name " Friedmann

7. Mother's Birthplace Russia

8. Full Name of Father Michael Isaac

9. Father's Occupation Peddler

10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Bernste

Address 110 E. Lombard str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6 t

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth September 17. 1876
4. Place of Birth (Street and Number) South Foestel st. No 50
5. Full Name of Mother Morgaretha Ruth
6. Mother's Maiden Name Morgaretha Richter
7. Mother's Birthplace Kertzendorf Bayern
8. Full Name of Father Johann Ruth
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Wolfst No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13931

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether ~~Male or~~ Female)	
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sep 14 1876
4. Place of Birth (Street and Number)	17. McElderry. st
5. Full Name of Mother	Anna Camphor
6. Mother's Maiden Name	" Young
7. Mother's Birthplace	Dorchester Co Md
8. Full Name of Father	Isiah Camphor
9. Father's Occupation	Laborer
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	151. E Madison st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13932

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 17th 1876

4. Place of Birth (Street and Number) No 218 Durham St.

5. Full Name of Mother C. Luther

6. Mother's Maiden Name C. Ferrady

7. Mother's Birthplace Baltimore City

8. Full Name of Father William Luther

9. Father's Occupation Furniture Wagon

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull

Address No 181 N. Central Avenue near Monument St.

Remarks All Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex* (state whether Male or ~~Female~~) White
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Sept 17: 1874
4. *Place of Birth* (Street and Number) 30 S. Mount St
5. *Full Name of Mother* Rebecca O'Neil
6. *Mother's Maiden Name* Rebecca Kelly
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Thos. F. O'Neil
9. *Father's Occupation*
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. D. A. O'Leary M.D

Address 375 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

139211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 17th 1876
4. Place of Birth (Street and Number)	No 243 Bank st
5. Full Name of Mother	Mary A Brown
6. Mother's Maiden Name	" " Mcgowen
7. Mother's Birthplace	City
8. Full Name of Father	J H Brown
9. Father's Occupation	Engineer.
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmanite
Address	120 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13935

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Fe Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 17th 1876
4. Place of Birth (Street and Number)	No 8 W Chapple st
5. Full Name of Mother	Anna Fey
6. Mother's Maiden Name	" Stenber
7. Mother's Birthplace	Germany
8. Full Name of Father	Ferdinand Fey
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	211 Bank st
Remarks	

13936.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Faith
3. Date of Birth	Sept 17 1899
4. Place of Birth (Street and Number)	No 69 Arch St
5. Full Name of Mother	Lizzie Johnson
6. Mother's Maiden Name	" Rhett
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Frank Johnson
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Wm Russell M D
Address	69 Baltimore St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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13937

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 17 1876
4. Place of Birth (Street and Number)	No 165 George St
5. Full Name of Mother	Ida May Charlton
6. Mother's Maiden Name	" " Mackenhammer
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Thomas Henry Charlton
9. Father's Occupation	Car Driver
10. Father's Birthplace	Bowling Green Va
Name of Medical Attendant, or other Person who makes this Return.	[illegible] M D
Address	87 Mulberry St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	707 West Pratt St
4. Place of Birth (Street and Number)	Sept 17th
5. Full Name of Mother	Annie McGraw
6. Mother's Maiden Name	Annie Fowler
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James H Fowler
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eliza Feullentamp
Address	No 573 West Lombard St
Remarks	Living Md

Correct Record of Vital Statistics in the City of Baltimore.

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13939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Sept 17th 1876

4. *Place of Birth* (Street and Number) No 48 Duncan Alley

5. *Full Name of Mother* Elizabeth Shane

6. *Mother's Maiden Name* Lauer

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John F Hagn

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Allwell

Address 286 mc Donogh st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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13940

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Five

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September the 17 1876

4. Place of Birth (Street and Number) No. 255 S. Broadway

5. Full Name of Mother Anna Madden

6. Mother's Maiden Name Anna Cahill

7. Mother's Birthplace Tipperary

8. Full Name of Father Thomas Madden

9. Father's Occupation Saloon

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Margret Ettel

Address Locust Point No 13 Cubia Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13941

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) the. 1.

1. *Sex (state whether Male or Female)* Male. Child.
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept the. 17. 18. 70.
4. *Place of Birth (Street and Number)* 6 Mosher. alley. Baltimore Md.
5. *Full Name of Mother* adline. hill.
6. *Mother's Maiden Name* adline hill,
7. *Mother's Birthplace* for. genua.
8. *Full Name of Father* not hill
9. *Father's Occupation* Waiter Waiter
10. *Father's Birthplace* Calvert. County. Md.

Name of Medical Attendant, or other Person who makes this Return. M. W. Motz. E. Chem.

Address No 8. Bolton. St Baltimore Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13912

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Mull
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* Sunday Sept 17th 1876
4. *Place of Birth (Street and Number)* Courtland st
5. *Full Name of Mother* Mary F Rains
6. *Mother's Maiden Name* Mary Johnson
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Moses Rains
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address 6 Hamilton st

Remarks

13943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 17 of Septem~~ber~~
4. *Place of Birth (Street and Number)* 43 Monroe St
5. *Full Name of Mother* Hanna Massal
6. *Mother's Maiden Name* Hanna Quin
7. *Mother's Birthplace* born Baltimore
8. *Full Name of Father* Joseph Massal
9. *Father's Occupation* Drover
10. *Father's Birthplace* born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lindner

Address 45 Monroe St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 3

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 17! 1876
4. Place of Birth (Street and Number) Randall St. 3th house W. of Light St.
5. Full Name of Mother Tilly Koontz
6. Mother's Maiden Name Tilly Smith
7. Mother's Birthplace Harpers Ferry Va
8. Full Name of Father John Koontz
9. Father's Occupation Engineer
10. Father's Birthplace Fredrick Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Md

Address 379 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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13945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) of the Colord race
3. Date of Birth Sep the 1st
4. Place of Birth (Street and Number) Bethel St 180 Baltimore
5. Full Name of Mother Anna Bosston
6. Mother's Maiden Name Anna Shaw
7. Mother's Birthplace Baltimore
8. Full Name of Father Stephen Bosston
9. Father's Occupation oysters Shucker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address. Eegesper St 130

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

13946

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	monday 17
4. Place of Birth (Street and Number)	fort St 136
5. Full Name of Mother	Sarh hairson
6. Mother's Maiden Name	Sarh tourison
7. Mother's Birthplace	anrandly County
8. Full Name of Father	John hairson
9. Father's Occupation	labare man
10. Father's Birthplace	Ballimorn
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Christine goldsmith
Address	
Remarks	

13947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. Sex (state whether Male or Female) Last a girl
2. Race or Color (if not of the white race) Color White
3. Date of Birth Born the 11th of September 1876
4. Place of Birth (Street and Number) 85 North Chappel St
5. Full Name of Mother Babri Neibauer
6. Mother's Maiden Name Babri Bonigel
7. Mother's Birthplace Bornin Germany
8. Full Name of Father John Bonigel
9. Father's Occupation Labor man
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kundel

Address 11 North Chappel St for John Kundel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

V 13948

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
SEP
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 17th 1876
4. *Place of Birth (Street and Number)* 281 W. Biddle St
5. *Full Name of Mother* Mary Grace Hall Davis
6. *Mother's Maiden Name* nee Huff
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Edw. Davis
9. *Father's Occupation* Steward
10. *Father's Birthplace* Lynchburg

Name of Medical Attendant, or other Person who makes this Return. J E. Atkinson

Address 209 W. Biddle St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13949

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17th Sept. 1876
4. *Place of Birth (Street and Number)* 31 Lombard St.
5. *Full Name of Mother* Mary Ann Sparks
6. *Mother's Maiden Name* " " Hurtt
7. *Mother's Birthplace* U States of America
8. *Full Name of Father* Ely Sparks
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 52 E Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 and

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 17th
4. Place of Birth (Street and Number) S. Fremont st No 146
5. Full Name of Mother Augusta DeBeer
6. Mother's Maiden Name " Elias
7. Mother's Birthplace Germany
8. Full Name of Father Jacob DeBeer
9. Father's Occupation Store Keeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. G. Buddenbohn M.D.

Address No 106 Columbia W.

Remarks "

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12957

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Sept 17th 1876.
4. Place of Birth (Street and Number)	146 N Calhoun St.
5. Full Name of Mother	Mattie A Foote.
6. Mother's Maiden Name	" " Stansbury.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Fred H Foote
9. Father's Occupation	Commission Agent &c.
10. Father's Birthplace	Portland. Maine.
Name of Medical Attendant, or other Person who makes this Return.	D. Webster Cathell M.D.
Address	1k S Eutaw St.
Remarks	

13952

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 '76 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Sept 17th 1876
4. Place of Birth (Street and Number) 8 Willingers Row
5. Full Name of Mother Cecelia Murray
6. Mother's Maiden Name " Maguire
7. Mother's Birthplace Ireland
8. Full Name of Father John Murry
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of ~~Medical~~ Attendant, or other Person who makes this Return. John Murray

Address

Remarks This child loved one hour

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13953

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 19 1876
4. Place of Birth (Street and Number)	117 N. Central av.
5. Full Name of Mother	Raffina Kissner
6. Mother's Maiden Name	L. Hergenheim
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Kissner
9. Father's Occupation	Hokster
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	M. R. Rudiger
Address	134 N. Bond St.
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 17 d. 1876
4. Place of Birth (Street and Number)	152 Orlien Street
5. Full Name of Mother	Lizie Schley
6. Mother's Maiden Name	Schafer
7. Mother's Birthplace	Germane
8. Full Name of Father	Georg Schley
9. Father's Occupation	Roller
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	M. R. Rudiger
Address	134 N. Bond Stret
Remarks	

139511

13933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) Colored.
3. *Date of Birth* September 17th 1876
4. *Place of Birth* (Street and Number) No 21 Tyson Alley
5. *Full Name of Mother* Lottie Anderson
6. *Mother's Maiden Name* Lottie Howard
7. *Mother's Birthplace* Harford Co. Md
8. *Full Name of Father* John Anderson
9. *Father's Occupation* Driver Furniture Wagon
10. *Father's Birthplace* Hafod Co Md.

Name of Medical Attendant, or other Person who makes this Return. Jane Wimmebergen

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13956.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth born 18th September
4. Place of Birth (Street and Number) No 31 Sth. Greyon St.
5. Full Name of Mother Maggie Schlicker
6. Mother's Maiden Name Maggie Rees
7. Mother's Birthplace Germany
8. Full Name of Father John Schlicker
9. Father's Occupation Liquor business
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Dumber No 60 No Schroder St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13957

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 18th 1876.
4. Place of Birth (Street and Number)	541 W. Lexington st
5. Full Name of Mother	Alice R. Riggs
6. Mother's Maiden Name	Alice Bateler,
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Richard H. Riggs
9. Father's Occupation	Clerk
10. Father's Birthplace	Philadelphia Pa.
Name of Medical Attendant, or other Person who makes this Return.	H. K. Fetterhoff M. D.
Address	77 Franke st
Remarks	Child Healthy & daing well, the Mother also.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13955

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH
SEP
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1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 18th 1876
4. Place of Birth (Street and Number)	No 193 Eager st
5. Full Name of Mother	Caroline Kimmel
6. Mother's Maiden Name	Caroline Suckstädel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Adam Kimmel
9. Father's Occupation	Tailor
10. Father's Birthplace	Gumany
Name of Medical Attendant, or other Person who makes this Return.	Dena Hillegas
Address	No 182 Monument st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13959

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 18th 1876
4. Place of Birth (Street and Number) 247 Lee St
5. Full Name of Mother Catharine G Conway
6. Mother's Maiden Name Young
7. Mother's Birthplace Balto city
8. Full Name of Father Patrick Conway
9. Father's Occupation Policeman
10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return. I H Conway

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

19960

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 18th 1876
4. Place of Birth (Street and Number)	350 N Stricker St
5. Full Name of Mother	Mary Emma Price
6. Mother's Maiden Name	Price
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Benjamin Price
9 Father's Occupation	Agent, Paints & oils
10. Father's Birthplace	Alexandria Va
Name of Medical Attendant, or other Person who makes this Return.	Elias Price M. D.
Address	262 Madison Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13961

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	F Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 18th 1876
4. Place of Birth (Street and Number)	N E Cor Gilman & Fayette Sts
5. Full Name of Mother	Isabella Richards
6. Mother's Maiden Name	Underwood
7. Mother's Birthplace	Balto Co Md
8. Full Name of Father	Birch Musselman Richards
9. Father's Occupation	Clerk in Post Office
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	262 Madison Av
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 18th 1876
4. Place of Birth (Street and Number)	6 N Caroline St
5. Full Name of Mother	Sophia E Fulton
6. Mother's Maiden Name	" " Spencer
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	Melville B Fulton
9. Father's Occupation	
10. Father's Birthplace	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell Md
Address	1½ S Exeter St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth 18th September 1876

4. Place of Birth (Street and Number) 470 S. Chappel St.

5. Full Name of Mother Kuni Bretzel

6. Mother's Maiden Name Kuni Schofert

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Clemens Bretzel

9. Father's Occupation Tailor

10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mr. Lederer

Address 2 S Durham St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13964

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 18 Sept. 1876.
4. Place of Birth (Street and Number) 20 Commerce
5. Full Name of Mother Kate Divine
6. Mother's Maiden Name Schmidt
7. Mother's Birthplace Balto.
8. Full Name of Father Joseph Divine
9. Father's Occupation Laborer
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 526 E. Lorn Card St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
SEP
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1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	September 18-1876
4. *Place of Birth* (Street and Number)	5 Mason Al
5. *Full Name of Mother*	Ellen Brown
6. *Mother's Maiden Name*	nee Hall
7. *Mother's Birthplace*	Prince Georges County
8. *Full Name of Father*	Philip O. Brown
9. *Father's Occupation*	Seaman
10. *Father's Birthplace*	Louisiana
Name of Medical Attendant, or other Person who makes this Return.	Dr E. Atkinson
Address	209 W. Biddle St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1th City Sept 18th 1876
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	Sept 18th 1876.
4. Place of Birth (Street and Number)	no 33 Vincent Ally
5. Full Name of Mother	Clara Gant
6. Mother's Maiden Name	Clare Lion
7. Mother's Birthplace	Calvert Conty maryland
8. Full Name of Father	Tomas Gant
9. Father's Occupation	farmer
10. Father's Birthplace	Calvert Conty maryland
Name of Medical Attendant, or other Person who makes this Return.	Eliza ann Cornish
Address	no 23 Vincent ally
Remarks	

13967

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Weiblich.
2. *Race or Color (if not of the white race)* mulatto.
3. *Date of Birth* d. 18. Septr. 1876.
4. *Place of Birth (Street and Number)* Canton. Lungerstar Street.
5. *Full Name of Mother* Anna Elberth.
6. *Mother's Maiden Name* Richter.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* August. Elberth.
9. *Father's Occupation* Tischler.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address Elliott Street. 61.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 18th 1876
4. Place of Birth (Street and Number)	No 336 Eastern Ave.
5. Full Name of Mother	Emma R Herfel
6. Mother's Maiden Name	Emma R Hopkins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Herfel
9. Father's Occupation	Gilder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Frey
Address	No 193 South Chester St
Remarks	Healthy Child

rect Re[illegible] Vital [illegible]atistics in the City of Baltimore.

That any physicia[illegible] wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13969

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth Septemb. 18. 1876

4. Place of Birth (Street and Number) South Schappel str No 105

5. Full Name of Mother Mari Blum Unverflicht

6. Mother's Maiden Name Blum

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Reugraf

9. Father's Occupation Tagearbeiter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Wolf str No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13970

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
20
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 18th September 1876.
4. *Place of Birth (Street and Number)* 19 Bird St.
5. *Full Name of Mother* Tischy Sicky.
6. *Mother's Maiden Name* Tischy Hotten.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Lan Sicks.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No 29. Elizabeth Lane.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13971

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept 18th 1876.
4. Place of Birth (Street and Number)	32 Paul Street.
5. Full Name of Mother	Mary A Boehle
6. Mother's Maiden Name	M. A. Steinkampe
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	Chas B. Boehle
9. Father's Occupation	Grocer
10. Father's Birthplace	Carroll County Md
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wing
Address	32 Paul St.
Remarks	

13972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 of the month
4. Place of Birth (Street and Number)	37 north vinity
5. Full Name of Mother	Rosa Harman
6. Mother's Maiden Name	Rosa Wagner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Harman
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Seedock
Address	439 Pratt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13973

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 18th 1876
4. Place of Birth (Street and Number)	No 82 S. Wolf st.
5. Full Name of Mother	Bettie Fleischmann
6. Mother's Maiden Name	Fuchs
7. Mother's Birthplace	Germany
8. Full Name of Father	Moses Fleischmann
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Bushmann
Address	120 Bank st
Remarks	

13974

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 18th 1876.

4. Place of Birth (Street and Number) Parish St. near Mt. Henry.

5. Full Name of Mother Harriet Childs.

6. Mother's Maiden Name Degaw

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father George W. Childs.

9. Father's Occupation Confectioner

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. J. Wallace White M.D.

Address 845 W. Baltimore St.

Remarks Child, Strong & Healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Sept 18th 1876 No Number
4. Place of Birth (Street and Number) between Gist & Choptank on Fayette
5. Full Name of Mother Kunigunda Smith
6. Mother's Maiden Name " Hazart
7. Mother's Birthplace City
8. Full Name of Father Johann Smith
9. Father's Occupation Commission Merchant
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September Tue 18. 1876
4. Place of Birth (Street and Number)	No 6 Andrew St Locust Point
5. Full Name of Mother	Elisabeth Lobbeheson
6. Mother's Maiden Name	Elisabeth Prenger
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Gerhard Lobbeheson
9. Father's Occupation	Laborer Hand
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Margrit Ebel
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 4th 18 of September 876

4. Place of Birth (Street and Number) 116 Stirling Street

5. Full Name of Mother Mary Jones

6. Mother's Maiden Name Mary Bratton

7. Mother's Birthplace Easton Shore Snow hill

8. Full Name of Father Phillip Jones

9. Father's Occupation Coachman

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Robert Williams

Address No 70 Tremont Street

Remarks Mother and Child doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13978

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 18th 1876
4. Place of Birth (Street and Number)	37 North Holliday St.
5. Full Name of Mother	Regine Virginia Fehler
6. Mother's Maiden Name	Beck
7. Mother's Birthplace	Baltimore
8. Full Name of Father	P. Fehler
9. Father's Occupation	Teacher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Reis Hebamme
Address	N. Friedrichstrasse No 26.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 18th September

4. Place of Birth (Street and Number) 24 Anthony St

5. Full Name of Mother Barbara Kaiser

6. Mother's Maiden Name Kamenik

7. Mother's Birthplace Wolsan Bohemia

8. Full Name of Father Wenzel Kaiser

9. Father's Occupation Schoemacker

10. Father's Birthplace Pirzde Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 60 Barnes St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13980

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th September
4. Place of Birth (Street and Number)	20 South Vincent St.
5. Full Name of Mother	Bridget Mc. Sweeny
6. Mother's Maiden Name	" O'Rourke
7. Mother's Birthplace	Ireland
8. Full Name of Father	Dennis Mc. Sweeny
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lindner
Address	45 Monroe St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13981

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Monday morning Sept 18th

4. Place of Birth (Street and Number) Cor Clinton & Toan Sts (Belt)

5. Full Name of Mother Mary Haverkamp

6. Mother's Maiden Name Mary Bucklege

7. Mother's Birthplace Baltimore City

8. Full Name of Father C. Henry Haverkamp

9. Father's Occupation Grocer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. E. Richard M.D.

Address 28 O'Donnell St

Remarks Very large child 15 lbs. Use the Forceps to deliver the Head. both mother and child doing well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13982

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 18/76.
4. Place of Birth (Street and Number)	Lancaster st 364.
5. Full Name of Mother	Cathern Dietz
6. Mother's Maiden Name	" Wagner
7. Mother's Birthplace	Balto.
8. Full Name of Father	James Dietz
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anna st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13953

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 18th 1876
4. Place of Birth (Street and Number)	243 E. Balt st.
5. Full Name of Mother	Annie E Macdonald
6. Mother's Maiden Name	Annie E Grothaus
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James Macdonald
9. Father's Occupation	merchant
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	John Conner
Address	286 E. Balt st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth September 18 1876
4. Place of Birth (Street and Number) 210 Hughes street
5. Full Name of Mother Laura Sanders
6. Mother's Maiden Name Laura Murry
7. Mother's Birthplace Baltimore city
8. Full Name of Father John Murry
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary Chase

Address Midwife

Remarks N E C Bichets court

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13983

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
29
'76
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	Sept. 19th, 76
4. Place of Birth (Street and Number)	No. 6 Shields al.
5. Full Name of Mother	Anna Cann
6. Mother's Maiden Name	" Jones
7. Mother's Birthplace	Balto, Co.
8. Full Name of Father	Edward Cann
9. Father's Occupation	Cart driver
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	H. B. Gardner M.D.
Address	121 Mulberry st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 19 of September
4. Place of Birth (Street and Number) Raleigh, N.C.
5. Full Name of Mother Celia Gooding
6. Mother's Maiden Name Celia Magnald
7. Mother's Birthplace Camden County
8. Full Name of Father Thomas Henry Gooding
9. Father's Occupation Mailer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Frank L. Richardson

Address 212 Lever Street

Remarks all right

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13987

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 19th 1876.
4. Place of Birth (Street and Number)	271 N Front st
5. Full Name of Mother	Jane Winsley
6. Mother's Maiden Name	" Quinn.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Francis Winsley
9. Father's Occupation (Deceased)	Candy Maker
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathall M D
Address	1½ S Exeter St

Remarks Infant was still born owing, apparently, to long duration of labor.

Its father Francis Winsley was drowned in Spring Gardens July 1876.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 19th
4. Place of Birth (Street and Number)	136 Poppleton St
5. Full Name of Mother	Mary Heinlein
6. Mother's Maiden Name	Stange
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Heinlein
9. Father's Occupation	Cooper
10. Father's Birthplace	Bailin
Name of Medical Attendant, or other Person who makes this Return.	May Kron
Address	328 S Eutaw St.
Remarks	Balti.

MD

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13989

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 21st 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 19th 1876.
4. Place of Birth (Street and Number) 273 Bond St.
5. Full Name of Mother Sophie Grouling
6. Mother's Maiden Name Sophie Eabert.
7. Mother's Birthplace America
8. Full Name of Father John Eabert.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No. 137 Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13990

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept. 21st 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 17th 1876.
4. *Place of Birth (Street and Number)* 133 Eden St.
5. *Full Name of Mother* Johana Brandau
6. *Mother's Maiden Name* Johana Steuber.
7. *Mother's Birthplace* America
8. *Full Name of Father* Edward Steuber.
9. *Father's Occupation* House Carpenter.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No. 137 Wolfe St.

Remarks //

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 19 September

4. Place of Birth (Street and Number) 444 Fleet St

5. Full Name of Mother Fredericha Semmlehr

6. Mother's Maiden Name Later

7. Mother's Birthplace Germany

8. Full Name of Father Wilhelm Semmlehr

9. Father's Occupation None

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13992

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child,

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White race,
3. Date of Birth the 19 of September, 1876,
4. Place of Birth (Street and Number) 5.45. Fremount st.
5. Full Name of Mother Maggia Smith,
6. Mother's Maiden Name Maggia Rice,
7. Mother's Birthplace in Germeny.
8. Full Name of Father Peater Smith,
9. Father's Occupation a Blacksmith
10. Father's Birthplace in Germeny.

Name of Medical Attendant, or other Person who makes this Return. Midwife Therese Eigeldinger

Address No 14 Unsun st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child,

1. *Sex* (state whether Male or Female) Female,
2. *Race or Color* (if not of the white race) White race,
3. *Date of Birth* the 17 of September 1876.
4. *Place of Birth* (Street and Number) No 27 Walnut Alley,
5. *Full Name of Mother* Annie Bauras
6. *Mother's Maiden Name* Annie Reace,
7. *Mother's Birthplace* in Carlcounty,
8. *Full Name of Father* John Reace
9. *Father's Occupation* a Blacksmith
10. *Father's Birthplace* in Baltimore,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelsbergers

Address No 14 Univer st,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13994

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
0
1876
BALTIMORE

No. of Child of Mother (~~*state whether 1st, 2d, 3d, &c.*~~)

1. *Sex* (~~*state whether Male or*~~ *Female*) Male
2. *Race or Color* (~~*if not of the*~~ *white race*) White
3. *Date of Birth* Sept 19. 1876.
4. *Place of Birth* (*Street and Number*) 120 Hollins St.
5. *Full Name of Mother* Ann E. Wade.
6. *Mother's Maiden Name* Ann E Duncan.
7. *Mother's Birthplace* Balto City.
8. *Full Name of Father* William H Wade.
9. *Father's Occupation* Coffee Roaster
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. John J. Fitzgerald M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13995

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept. 19th 1876
4. Place of Birth (Street and Number)	120 S. Durham
5. Full Name of Mother	Elizabeth Moore
6. Mother's Maiden Name	Elizabeth Griffith
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Alexander Moore
9. Father's Occupation	Brickmaker
10. Father's Birthplace	St. Michaels Md
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	77 So. Broadway
Remarks	

BALTIMORE CITY DEPARTMENT OF HEALTH SEP 20 1876

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Callard
3. *Date of Birth* Sep 19
4. *Place of Birth (Street and Number)* 23 Lapp st
5. *Full Name of Mother* hester White
6. *Mother's Maiden Name* [illegible] married
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. mrs lee's [illegible]

Address no 32 East st

Remarks delicate child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13997

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
SEP
21
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st 2d
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	W
3. Date of Birth	Sept 19 1876
4. Place of Birth (Street and Number)	N. 43 McCulloh " Balt
5. Full Name of Mother	Elizabeth Swisher
6. Mother's Maiden Name	" Turner
7. Mother's Birthplace	Balt Md
8. Full Name of Father	Robert A Swisher
9. Father's Occupation	Book keeper
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	J H Sutton
Address	23 Franklin
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	~~Female~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 19th
4. Place of Birth (Street and Number)	No 710 Light St
5. Full Name of Mother	Mrs Laudeman
6. Mother's Maiden Name	Katie Rebstock
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Harmon Laudman
9. Father's Occupation	Mussisman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	U. S. Citistine. Conway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13999

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex (state whether Male or Female) Male

2. ~~Race or Color (if not of the white race)~~ White

3. Date of Birth Sept. 19th 1876

4. Place of Birth (Street and Number) No 8 East Biddle st

5. Full Name of Mother Mary Kidd

6. Mother's Maiden Name Mary Crane

7. Mother's Birthplace Ireland.

8. Full Name of Father George Kidd

9. Father's Occupation Coach Body Maker

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rice Hebamme

Address N. Friedrichsstrit No 26.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	~~Wight~~ White.
3. Date of Birth	19 September
4. Place of Birth (Street and Number)	Baltimore Anthony St No. 1.
5. Full Name of Mother	Helene Barbara Finck
6. Mother's Maiden Name	Helene Barbara ~~Fin~~ Storch.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John Henry Finck
9. Father's Occupation	Printer
10. Father's Birthplace	Kassel. Hessen.
Name of Medical Attendant, or other Person who makes this Return.	Mr. Reiß Hebamme
Address	N. Friedrichstrasse No 26.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14001

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 26 1876
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	September 19
4. Place of Birth (Street and Number)	Baltimore Montgomery St No. 360
5. Full Name of Mother	Emma ~~Lucas~~ Chanler
6. Mother's Maiden Name	" Burlington
7. Mother's Birthplace	Accomac County Va
8. Full Name of Father	Frank Chanler
9. Father's Occupation	works in brick Yard ~~Accomac County~~
10. Father's Birthplace	accomac County Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No. 236 Montgomery Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114002

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	September 19th
4. Place of Birth (Street and Number)	Baltimore. China St No 17
5. Full Name of Mother	Laurah Palmer
6. Mother's Maiden Name	" Chandler
7. Mother's Birthplace	Accomac Cty Va
8. Full Name of Father	Henry Palmer
9. Father's Occupation	drives a horse and cart
10. Father's Birthplace	Accomac County Va.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No 236 Montgomery
Remarks	

11003

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
26
1876
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) ~~Wht.~~ Male

2. Race or Color (if not of the white race) Wht.

3. Date of Birth September 19 1876

4. Place of Birth (Street and Number) Alabama st Nr 357

5. Full Name of Mother Mary E Swift

6. Mother's Maiden Name Mary E Curley

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph M Swift

9 Father's Occupation Steveldor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm E Ball

Address No 171 Chester st

Remarks

rect Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14004

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~sixth~~
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sep. 19th
4. Place of Birth (Street and Number)	Hamburg St. No 155.
5. Full Name of Mother	Katharine Noellgen
6. Mother's Maiden Name	Katharine Kaeber
7. Mother's Birthplace	Germany
8. Full Name of Father	Anthony William Noellgen
9. Father's Occupation	Stove-Tober
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs M. Arny.
Remarks	No 9 Th Leaden Wal St.

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114005

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 20 1876
4. Place of Birth (Street and Number)	328 S Eutaw St
5. Full Name of Mother	Catherine Wellica
6. Mother's Maiden Name	Trimple
7. Mother's Birthplace	Fur Hessen
8. Full Name of Father	August Wellica
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Thos
Address	328 S Eutaw St.
Remarks	

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	20th. Sept. 1876.
4. Place of Birth (Street and Number)	128 E. Lou St.
5. Full Name of Mother	Rebecca Kohn
6. Mother's Maiden Name	Marshall
7. Mother's Birthplace	Russia
8. Full Name of Father	Nathan Kohn
9. Father's Occupation	Peddler
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 52 E. Lombard St.	
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14007

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 20th 76

SEP

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twenty Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 20th 1876
4. *Place of Birth (Street and Number)* no 17 White alley
5. *Full Name of Mother* Hannah Ann Hall
6. *Mother's Maiden Name* Taylor
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Zadekus Hall
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Smith

Address no 23 Duncan alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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14008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	20 of September
4. Place of Birth (Street and Number)	Johnson St N. 85
5. Full Name of Mother	Mary Brown
6. Mother's Maiden Name	Mary Jacobs
7. Mother's Birthplace	Ozenbrick
8. Full Name of Father	Harman Brown
9. Father's Occupation	Conductor on the Rale way.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St N 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14009

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 of September
4. Place of Birth (Street and Number)	William St N. 165
5. Full Name of Mother	Emma Starr,
6. Mother's Maiden Name	Emma Hecke.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Starr,
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Starr
Address	West St N 128.
Remarks	

Starr

14010

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* September 20th 1876

4. *Place of Birth* (Street and Number) No 347 Franklin

5. *Full Name of Mother* Maggie E. Schott

6. *Mother's Maiden Name* Maggie E. Miller

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Henry Schott

9. *Father's Occupation* Butcher

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 123 N. Liberty St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 20 ed 1876
4. Place of Birth (Street and Number)	№ 374 West st.
5. Full Name of Mother	Anna Lange
6. Mother's Maiden Name	Mosler
7. Mother's Birthplace	Gurmany
8. Full Name of Father	Ferdinand Lange
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J Lohjoasser midwife
Address	213 Cross st.
Remarks	

SEP 21 1876

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114102

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1/1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th 4
1. Sex (state whether ~~Male or~~ Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 20th 1876
4. Place of Birth (Street and Number)	241 Columbia Street Baltimore
5. Full Name of Mother	Eliza Beckett
6. Mother's Maiden Name	Eliza O'Grady
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George H. Beckett
9. Father's Occupation	Express Business
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C. C. Richardson
Address	320 W. Lombard Street
Remarks	

HEALTH DEPARTMENT OCT 7 1876 BALTIMORE

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

14013

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	September 20. 1876
4. Place of Birth (Street and Number)	134 N. Biddle St.
5. Full Name of Mother	Georgie Christina Ahler.
6. Mother's Maiden Name	Georgie Christina Pabler.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Erasmus Ahler Jr.
9. Father's Occupation	Stable Keeper.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	D. N. Hanckel,
Address	75 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 20th 1876
4. Place of Birth (Street and Number)	N W Cor Hoffman & Central Ave
5. Full Name of Mother	Catherine Simonds
6. Mother's Maiden Name	Catherine Ahlgart
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Curtis B Simonds
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Virginia A. Wurster
Address	178 Hanford Ave
Remarks	

HEALTH DEPARTMENT SEP 26 1876 BALTIMORE MD

14016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September the 20 1876
4. *Place of Birth (Street and Number)* No 44 Clement St Locust Point
5. *Full Name of Mother* Annie Agustia ~~Haslup~~ Bowers
6. *Mother's Maiden Name* Annie Agustia Haslup
7. *Mother's Birthplace* Howard County Md
8. *Full Name of Father* Thomas Bowers
9. *Father's Occupation* Stevedor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Margret Ettel

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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14016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether ~~Male or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September the 20. 1876
4. *Place of Birth (Street and Number)* E. Lombard St. 12 E.
5. *Full Name of Mother* Bertha Levy
6. *Mother's Maiden Name* Bertha Joakimsthal.
7. *Mother's Birthplace* Berlin P. Preussen. Germany
8. *Full Name of Father* Salomon Levy
9. *Father's Occupation* Beer Bottler
10. *Father's Birthplace* Berlin. P. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Harry E. Miller

Address 1. Dallas St. No 26.

Remarks dead born

14017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 26th
4. *Place of Birth (Street and Number)* No 16 Pine St
5. *Full Name of Mother* Helena Tinker
6. *Mother's Maiden Name* Helena Slotter
7. *Mother's Birthplace* Hanover Europe
8. *Full Name of Father* Louis Tinker
9. *Father's Occupation* Hanover Europe
10. *Father's Birthplace* Shoe Maker

Name of Medical Attendant, or other Person who makes this Return. Elza Fullenkamp.

Address No 573 West Lombard St

Remarks Having Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14018

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 20th 1876
4. Place of Birth (Street and Number)	No 513 Bolgiv Ave
5. Full Name of Mother	Elizabeth Schrüfer
6. Mother's Maiden Name	" Nüssley
7. Mother's Birthplace	Germany
8. Full Name of Father	Barthlomew Schrüfer
9. Father's Occupation	Beer Brewer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Bar 6 St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 I 1
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Sept 20. 76
4. Place of Birth (Street and Number)	301 N. Bond St.
5. Full Name of Mother	Mary Crockett
6. Mother's Maiden Name	Walmsley
7. Mother's Birthplace	Balt
8. Full Name of Father	Theodore Crockett
9. Father's Occupation	Letter - Carrier
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	180 Aisquith St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The second
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 20 th
4. Place of Birth (Street and Number)	No 133 E Biddle Street
5. Full Name of Mother	Theresa Christina Barrow
6. Mother's Maiden Name	Ruth
7. Mother's Birthplace	Balto C. Co.
8. Full Name of Father	Georg J. Barrow
9. Father's Occupation	Painter
10. Father's Birthplace	Balto C. Co.
Name of Medical Attendant, or other Person who makes this Return.	C. J. Kreuter M.D.
Address	222 N. Broadway
Remarks	

RETURN OF A BIRTH.

14021

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, ~~2d, 3d, &c.~~*) 1

1. *Sex* (*state whether Male ~~or Female~~*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* Sept- 20th 1876
4. *Place of Birth* (*Street and Number*) 246 E. Madison st
5. *Full Name of Mother* Mary Ann Chandler
6. *Mother's Maiden Name* " " Bishop
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Charles Jones Chandler
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell

Address N. W. Cor Broadway & Madison st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14022
14023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~) 8 und 9

1. Sex (state whether Male or Female) Männlich und Weiblich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 20 September
4. Place of Birth (Street and Number) 362 ~~Schatz~~ Schatz Strit
5. Full Name of Mother Maria Kraft
6. Mother's Maiden Name Maria Jenning
7. Mother's Birthplace Deutschland
8. Full Name of Father Georg Kraft
9. Father's Occupation Storkäzger
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1402 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
23
1976
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 21, 1976

4. Place of Birth (Street and Number) No 5 Church st

5. Full Name of Mother Cate Buckhart

6. Mother's Maiden Name Cate Newman

7. Mother's Birthplace Baltimore

8. Full Name of Father Frederick Buckhart

9. Father's Occupation Labourer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 92 W Hamburg st

Remarks Mother and child doing well so far

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White race
3. Date of Birth September 21st 1876
4. Place of Birth (Street and Number) Fleet St. # 212
5. Full Name of Mother Magareth Brutting
6. Mother's Maiden Name " Meyer
7. Mother's Birthplace Bavern Europe
8. Full Name of Father Bunnerm Brutting
9. Father's Occupation Polsterer
10. Father's Birthplace Bavern Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Kelly

Address 48 Holland St City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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lvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
ithin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
orn, its or their physical condition, whether still born or not, the full name, nativity, and residence
f the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13402

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White Race
3. Date of Birth	September 21 1876
4. Place of Birth (Street and Number)	Albemarle St No 62
5. Full Name of Mother	Katharine Lindenmann
6. Mother's Maiden Name	" " Claus
7. Mother's Birthplace	Hanover Europe
8. Full Name of Father	Joseph Lindenmann
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hanover Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	48 Holland St Balto. Md.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14027

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 Sept
4. Place of Birth (Street and Number)	210 Columbia Av
5. Full Name of Mother	Jennie Hess
6. Mother's Maiden Name	Kuner
7. Mother's Birthplace	Balti
8. Full Name of Father	William Hess
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kron
Address	828 S Eutaw St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14028

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	21st Sept. 1876.
4. Place of Birth (Street and Number)	7 Lombard St.
5. Full Name of Mother	Katherine Sullivan
6. Mother's Maiden Name	Kenney
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Sullivan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carper
Address	52 E. Lombard St.
Remarks	

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

14029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four Children

1. Sex (state whether Male or Female) Last a boy
2. Race or Color (if not of the white race) Cold White
3. Date of Birth Born the 21st of September 1876
4. Place of Birth (Street and Number) 11 North Chappel St
5. Full Name of Mother Luisa Parks
6. Mother's Maiden Name Luisa Horning
7. Mother's Birthplace Virginia
8. Full Name of Father John Horning
9. Father's Occupation Inshine nerse
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 11 North chappel St Jr John Kir Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

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14030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 21st Sept
4. Place of Birth (Street and Number) 107 Elliott st Canton
5. Full Name of Mother Ellen Noon
6. Mother's Maiden Name Ellen Feeny
7. Mother's Birthplace Roscommon Ireland
8. Full Name of Father Luke Noon
9. Father's Occupation Laborer
10. Father's Birthplace Roscommon Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sally Sullens

Address 104 Curley st Canton

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1140.31

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	September 21st 1876
4. Place of Birth (Street and Number)	187 Caroline Street
5. Full Name of Mother	Josephine Peters
6. Mother's Maiden Name	Josephine Markley
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Henry Peters
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Hessen Cassel Prussia
Name of Medical Attendant, or other Person who makes this Return.	Charles H. Thomas M.D.
Address	85. E. Baltimore Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

14032

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 2nd 1876
4. Place of Birth (Street and Number)	299 Mc Donough St
5. Full Name of Mother	Rosalie J Ruggles
6. Mother's Maiden Name	Jr Coppersmith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H Ruggels
9. Father's Occupation	Horse Trader
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	286 Mc Donogh st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child,

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White race
3. Date of Birth the 21 of September 1876
4. Place of Birth (Street and Number) No 1.21. Franklin, st
5. Full Name of Mother Magga Greamarying
6. Mother's Maiden Name Magga Ressler,
7. Mother's Birthplace in Germeny,
8. Full Name of Father Adam Greamarying,
9. Father's Occupation a Baker,
10. Father's Birthplace in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12034

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether Male or Female) Male,
2. Race or Color (if not of the white race) White race,
3. Date of Birth 1th 21 of September 1876,
4. Place of Birth (Street and Number) No 496. Fremount st
5. Full Name of Mother Lizzia Lie,
6. Mother's Maiden Name Lizzia Reabourn,
7. Mother's Birthplace in Geremeny,
8. Full Name of Father Louis Lie,
9. Father's Occupation a Labor work,
10. Father's Birthplace in Geremeny.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger,

Address No 14 Union st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 21st 1876
4. Place of Birth (Street and Number)	130 South Paca st Baltimore
5. Full Name of Mother	Barbary Kaufmann
6. Mother's Maiden Name	Barbary Stern
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Kaufmann
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	C. C. Richardson M. D.
Address	302 West Lombard Street Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14036

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth [illegible]
4. Place of Birth (Street and Number) 259 Hoffman St
5. Full Name of Mother Elizza Garmhausen
6. Mother's Maiden Name " Chaney
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Frederick C Garmhausen
9. Father's Occupation Mail Agent
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Miss [illegible]

Address [illegible] Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 21.
4. Place of Birth (Street and Number) 156 McCollob
5. Full Name of Mother Nannie Edmunds
6. Mother's Maiden Name Keyser
7. Mother's Birthplace Baltimore
8. Full Name of Father Jas R. Edmunds
9. Father's Occupation Cashier. Bank
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Hakemp

Address 55 N. Greene St

Remarks

Extract Registration Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

44038

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 21. 1876
4. Place of Birth (Street and Number)	99 S. Dunkirk
5. Full Name of Mother	Mary Christina Graff
6. Mother's Maiden Name	Mary Christina Kemper
7. Mother's Birthplace	Md. City
8. Full Name of Father	Raymond Graff
9. Father's Occupation	Police Officer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	99 S. Broadway
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14039

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 21st 1874
4. Place of Birth (Street and Number)	S. E. cor Loudon & Coll. Ave.
5. Full Name of Mother	Margretta L. Weems
6. Mother's Maiden Name	" " Berry
7. Mother's Birthplace	Balt. Md
8. Full Name of Father	Thomas F. Weems
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Calvert Co. Md
Name of Medical Attendant, or other Person who makes this Return.	G. G. Rue M. D.
Address	Balt. & Wash. R.R.
Remarks	Natural.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14040

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 21st 1876
4. Place of Birth (Street and Number)	No 206 Ensor st
5. Full Name of Mother	Elisabeth Emrich
6. Mother's Maiden Name	Elisabeth Horst
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Emrich
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dena Hillegeist
Address	182 Monument st
Remarks	

14041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 22 " 1876
4. Place of Birth (Street and Number)	36 Constitution St
5. Full Name of Mother	Johanna Sallerfield
6. Mother's Maiden Name	" " " Mitchel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Sallerfield
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Francis Mitchel
Address	28 Constitution St
Remarks	

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14042

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 22nd 1876
4. Place of Birth (Street and Number) 5 Cambridge
5. Full Name of Mother Susanna Fleishell
6. Mother's Maiden Name Susanna Hutton
7. Mother's Birthplace Balto. City
8. Full Name of Father John Anthony Fleishell
9. Father's Occupation Moulder
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D.

Address 77 So. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14043

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 22nd 1876
4. Place of Birth (Street and Number)	49 Madeira al
5. Full Name of Mother	Clara Blanche Andrews
6. Mother's Maiden Name	Clara Blanche Kollock
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	John Andrews
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	77 So. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14-044

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	22d September 1876
4. Place of Birth (Street and Number)	Bank St
5. Full Name of Mother	Adelaide Keefner
6. Mother's Maiden Name	Claymeyer
7. Mother's Birthplace	Germany
8. Full Name of Father	Gottlieb Keefner
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah C. Casper
Address 328 E. Lombard.	
Remarks	

14045

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 22nd 1876
4. Place of Birth (Street and Number) No 118 Fountain Street
5. Full Name of Mother Catharine Long
6. Mother's Maiden Name Catharine Reitz
7. Mother's Birthplace Baltimore
8. Full Name of Father Micheal Long
9. Father's Occupation Can maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address # 178 Chapel St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 september 1876
4. *Place of Birth (Street and Number)* 140 bank st
5. *Full Name of Mother* roseanna kimble
6. *Mother's Maiden Name* roseanna roten
7. *Mother's Birthplace* portsmith virginia
8. *Full Name of Father* james r kimble
9. *Father's Occupation* shipsmith
10. *Father's Birthplace* Baltimore county

Name of Medical Attendant, or other Person who makes this Return. navy corner 153

Address choptank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 22nd 1876
4. Place of Birth (Street and Number)	# 66 Rose St
5. Full Name of Mother	Mary Hudnele
6. Mother's Maiden Name	Mary Soulby
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Theodore Hudnele
9. Father's Occupation	Laborer
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	# 405 Alice Anna St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

174048

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth (6th)
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 22 1876
4. Place of Birth (Street and Number)	11 S Harris St
5. Full Name of Mother	Mary Catherine Debaylis
6. Mother's Maiden Name	Mary Catherine Pierson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Peter Debaylis
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	1145 Alice Anne St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14049

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth 22d September 1876
4. Place of Birth (Street and Number) N. E. Cor West and Plumb Aly
5. Full Name of Mother Annie Aro
6. Mother's Maiden Name Annie Darsey
7. Mother's Birthplace Summerset Co. Md
8. Full Name of Father John Baptist Aro
9. Father's Occupation Gardner
10. Father's Birthplace Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. Katharine Sunbach

Address 439 West Lewett St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14050

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth September th 22

4. Place of Birth (Street and Number) Holladay st No 64

5. Full Name of Mother Cecelia Wernsing

6. Mother's Maiden Name Stallings

7. Mother's Birthplace Baltimore

8. Full Name of Father John H Wernsing

9. Father's Occupation Thorselar in fire department

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 McDonogh st

Remarks

Extract Regulations of the Registration of Births in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14051

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 22 September
4. Place of Birth (Street and Number) 34 Morrison Street
5. Full Name of Mother Anna Wurstnitzel
6. Mother's Maiden Name Gail Jurd
7. Mother's Birthplace Germany
8. Full Name of Father Scharley Wurstnitzel
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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14052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 22nd 1876
4. Place of Birth (Street and Number)	No 58 Milliman St.
5. Full Name of Mother	Lizzie Kahler
6. Mother's Maiden Name	Lizzie Winterling
7. Mother's Birthplace	Bavaria Germany
8. Full Name of Father	George Kahler
9. Father's Occupation	Baker
10. Father's Birthplace	Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Bull
Address	No 181 N. Central Avenue near Monument St.
Remarks	All Well

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14053

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 22nd 1876
4. Place of Birth (Street and Number) No 233 E Biddle St.
5. Full Name of Mother Hellen Bensel
6. Mother's Maiden Name Hellen Hick
7. Mother's Birthplace Kappel Prussia Germany
8. Full Name of Father Henry Bensel.
9. Father's Occupation Carpenter
10. Father's Birthplace Hesses Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Bull

Address No 181 N. Central Ave. near Monument St.

Remarks Well.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14054

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth September 22nd 1876

4. Place of Birth (Street and Number) 157 S. Fremont St

5. Full Name of Mother Amelia A. O'Brien

6. Mother's Maiden Name Amelia A. Pike

7. Mother's Birthplace Baltimore City

8. Full Name of Father Lawrence O'Brien

9. Father's Occupation Custodian Clerk

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm Dunbar

Address 10 N Schroeder St

Remarks

Bureau of Registration of Vital Statistics in the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Dt White
3. Date of Birth 22 Sept
4. Place of Birth (Street and Number) No 48 St Petters St
5. Full Name of Mother Mary Susin Liddell
6. Mother's Maiden Name " " " Buckmasters
7. Mother's Birthplace Calvert County
8. Full Name of Father John Henry Liddell
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumnal No 60

Address N. Schroder St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14056

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 22d 1876
4. Place of Birth (Street and Number)	No. 56 S. Howard St.
5. Full Name of Mother	Anna Dogge
6. Mother's Maiden Name	Anna Becker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Albert H. Dogge
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Prussia Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. Salzer for Gamble.
Address	165 W. Lombard St.
Remarks	

Extract from Regulations of the Board of Health, in relation to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 22 d. 1876
4. Place of Birth (Street and Number)	76 N. Bradbury
5. Full Name of Mother	Kathrien Foerster
6. Mother's Maiden Name	Kathrine Eberhart
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Wilhelm A. Florsh
9. Father's Occupation	Gun Smith
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	M R. Rudiger
Address	134 N Bond Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14058

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7

1. Sex (state whether Male or Female) Female Male.
2. Race or Color (if not of the white race) Colored.
3. Date of Birth Sep the 22. 18. 76.
4. Place of Birth (Street and Number) No. 7. Bolton. St. Baltimore. M. d.
5. Full Name of Mother Mary. Loosse.
6. Mother's Maiden Name Mary. Gepson.
7. Mother's Birthplace Pensenl venaa
8. Full Name of Father Goge Gepson.
9. Father's Occupation Driven. Lumber. Wagon.
10. Father's Birthplace Corn. of ~~[illegible]~~ Poplots. and. Baltimore St

Name of Medical Attendant, or other Person who makes this Return. M. W. Mary. E. Chew.

Address No. 8. Bolton St. Baltimore M. d.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14039

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	September 22-'76.
4. Place of Birth (Street and Number)	No. 1 Oxford St.
5. Full Name of Mother	Mary Knell
6. Mother's Maiden Name	Bucher
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	George Knell.
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	22 of September
4. Place of Birth (Street and Number)	Charles St N 234
5. Full Name of Mother	Lizzie Nusbaum.
6. Mother's Maiden Name	Lizzie Oppenheimer
7. Mother's Birthplace	Mishal State
8. Full Name of Father	Moses Nusbaum.
9. Father's Occupation	Store Keeper.
10. Father's Birthplace	Delmsrade.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St N 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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14061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	22nd September
4. Place of Birth (Street and Number)	West St. No. 154
5. Full Name of Mother	Sarah Murry
6. Mother's Maiden Name	Sarah Skinner
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Edward Murry
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 123
Remarks	

HEALTH DEPARTMENT SEP 25 316 BALTIMORE MD

14062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 22d 1876.
4. Place of Birth (Street and Number)	230 Pierce St.
5. Full Name of Mother	Matilda J. McKerrin
6. Mother's Maiden Name	Matilda J. Cruther
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Richd J. McKerrin
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A H Saxton. M.D.
Address	543 Lexington St
Remarks	(Instrumental delivery –)

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14063

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~Date~~ 22 September
4. Place of Birth (Street and Number)	101 South Exeter St
5. Full Name of Mother	Caroline Brown
6. Mother's Maiden Name	Caroline Fergie
7. Mother's Birthplace	Mederia
8. Full Name of Father	Joseph Brown
9. Father's Occupation	Seafarer
10. Father's Birthplace	Mederia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Fleming
Address	97 Altamont St
Remarks	

14069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 ed Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 28 ed 1876
4. Place of Birth (Street and Number)	No 3 Church st
5. Full Name of Mother	Magdelena Meyer
6. Mother's Maiden Name	Winter
7. Mother's Birthplace	Germany
8. Full Name of Father	Clemens Meyer
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 23 rd 1876
4. Place of Birth (Street and Number)	104 Hill st
5. Full Name of Mother	Louise Lange
6. Mother's Maiden Name	Straiman
7. Mother's Birthplace	Germany
8. Full Name of Father	Maximilian Lange
9. Father's Occupation	Machinist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schwartz midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health of Baltimore City.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 23rd
4. Place of Birth (Street and Number)	Baltimore Hill Street No. 20
5. Full Name of Mother	Norela Reese
6. Mother's Maiden Name	" Henry
7. Mother's Birthplace	North Thunderland County Va
8. Full Name of Father	Thomas H Reese
9. Father's Occupation	Barber
10. Father's Birthplace	North Thunderland County Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No. 236 Montgomery Street
Remarks	

Extract Regulations of the Board of Health relative to securing a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

~~14067~~

14067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	23 Sept. 1876.
4. Place of Birth (Street and Number)	216 Gay St.
5. Full Name of Mother	Ellen Hedinger
6. Mother's Maiden Name	Rosellous
7. Mother's Birthplace	Germany
8. Full Name of Father	Anton Hedinger
9. Father's Occupation	Restaurant Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carper.
Address	52 E Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14065

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 23 d. 1876
4. Place of Birth (Street and Number)	61 Barnes Stred
5. Full Name of Mother	Margrete Stumbf
6. Mother's Maiden Name	Margrete Bos
7. Mother's Birthplace	Germane
8. Full Name of Father	Andon Stumbf
9. Father's Occupation	Teeler
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	M R. Rudiger
Address	134 er. Bond Stred
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13 Child

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* the 23 of September 1876.
4. *Place of Birth (Street and Number)* No 3 Rouse Alley
5. *Full Name of Mother* Annia Guzman,
6. *Mother's Maiden Name* Annia Bearing,
7. *Mother's Birthplace* in Germaney,
8. *Full Name of Father* Nickolous Gusman,
9. *Father's Occupation* a Sailor works
10. *Father's Birthplace* in Geremeny,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eizeldinger

Address No 14 Union st

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14070

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
26
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 23d 1876
4. Place of Birth (Street and Number)	Big Hagher st No 46
5. Full Name of Mother	Margret Harisson
6. Mother's Maiden Name	Margret Hanegan
7. Mother's Birthplace	Eastport Main
8. Full Name of Father	William harisson
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Anderson
Address	No 92 hamburg st
Remarks	Mother and child doing Well

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111071

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	colt
3. Date of Birth	23d Sept 1876
4. Place of Birth (Street and Number)	197 Mount Royal ave Balto.
5. Full Name of Mother	Ellen Cameron
6. Mother's Maiden Name	" Peeling
7. Mother's Birthplace	Penna
8. Full Name of Father	John M Cameron
9. Father's Occupation	Carpenter
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return.	G L Tanyhill
Address	129 W. Biddle St
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 d September
4. Place of Birth (Street and Number)	Charles St. 404
5. Full Name of Mother	Margaret Layne.
6. Mother's Maiden Name	Margaret McDonald
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Layne
9. Father's Occupation	police
10. Father's Birthplace	Austria
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St 1628
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14073

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 BALTIMORE MD

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2d.

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Sept 23 1876

4. *Place of Birth* (*Street and Number*) No 176 William st

5. *Full Name of Mother* Julia Morrison

6. *Mother's Maiden Name* Julia Norfolk

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* James A Morrison

9. *Father's Occupation* Iron Moulder

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Slack

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14074

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 23rd 1876
4. Place of Birth (Street and Number)	No 35 Bank St
5. Full Name of Mother	Mary Lizzie Curty
6. Mother's Maiden Name	" " " Fucksberger
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Curty
9. Father's Occupation	Cooper
10. Father's Birthplace	Brooklyn New York
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Wolfram
Address	No 29 South Wolfram St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14075

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) Color

3. *Date of Birth* Sept 23. 1876

4. *Place of Birth* (Street and Number) hamburg Street 202 M.D

5. *Full Name of Mother* Agnis Brown

6. *Mother's Maiden Name*

7. *Mother's Birthplace* hamburg Street

8. *Full Name of Father* James Brown

9. *Father's Occupation* Brick maker

10. *Father's Birthplace* Sumerset County . Md.

Name of Medical Attendant, or other Person who makes this Return. mary Behens

Address 209 hamburg Street . Md.

Remarks Well as can Be expected

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23 Sept 1876
4. *Place of Birth (Street and Number)* 179 Gay St
5. *Full Name of Mother* C. Meninger
6. *Mother's Maiden Name* Sauthier
7. *Mother's Birthplace* Germany
8. *Full Name of Father* H. Meninger
9. *Father's Occupation* Germany
10. *Father's Birthplace* Restaurant Keeper

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 526 Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	Sept 23rd 76
4. *Place of Birth* (Street and Number)	Brewer's Alley near Hoffman St
5. *Full Name of Mother*	Marion Rose
6. *Mother's Maiden Name*	Marion Boatright
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Doctor Rose
9 *Father's Occupation*	Laborer
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Edmund R Walker M D
Address	180 Linden Ave
Remarks	Labor short, normal

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One the First.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White Color
3. Date of Birth	23d Sept 1876.
4. Place of Birth (Street and Number)	No. 3. S. Frederick St
5. Full Name of Mother	Rosa Andrews
6. Mother's Maiden Name	Rosa Theophel
7. Mother's Birthplace	York County. Pa.
8. Full Name of Father	Adam Andrews
9. Father's Occupation	No. 2 South Frederick St
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mr Weiß Hebamme
Address	No 26. N Friedrichsfort
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14079

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	September 23rd 1876.
4. Place of Birth (Street and Number)	William St. No 270.
5. Full Name of Mother	Mathilde Heedrich
6. Mother's Maiden Name	Mathilde Semmick
7. Mother's Birthplace	Balt°. Md.
8. Full Name of Father	Louis Heedrich
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Bruns
Address	114 Raberg Av.
Remarks	

Extract Regulations of the Board of Health relative to securing full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Sept 23d 96.
4. Place of Birth (Street and Number)	189 E. Madison St.
5. Full Name of Mother	Annie Wheeler
6. Mother's Maiden Name	Abell
7. Mother's Birthplace	Penna
8. Full Name of Father	Chas. Wheeler
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	N. T. Reynolds M.D.
Address	186 Aisquith St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14081

RETURN OF A BIRTH.

No 1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) White

2. Race or Color (if not of the white race) Female

3. Date of Birth Sept 23

4. Place of Birth (Street and Number) 20 Walnut St

5. Full Name of Mother Lizzie Fourbus

6. Mother's Maiden Name Lizzie Kurz

7. Mother's Birthplace Germany

8. Full Name of Father Henry Fourbus

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Annie Wasenzel

Address No 220 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

114082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 23rd 1876
4. *Place of Birth (Street and Number)* Pho. 59 Sterling St
5. *Full Name of Mother* Caroline Pausch
6. *Mother's Maiden Name* Caroline Lauer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Pausch
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address Pho 1.82 Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 23rd 1876
4. Place of Birth (Street and Number) No 172 Pierce st
5. Full Name of Mother Mary Lober
6. Mother's Maiden Name Mary Marholf
7. Mother's Birthplace Germany
8. Full Name of Father John Lober
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Jena Hillegus

Address 182 Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14084

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 23rd 1876
4. Place of Birth (Street and Number) 30 Orleans St.
5. Full Name of Mother Emma Moore
6. Mother's Maiden Name " McWilliams
7. Mother's Birthplace Baltimore
8. Full Name of Father John Moore
9. Father's Occupation Brass finisher
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward J. McDevitt

Address 137 N. Exeter St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	24 Sept. 1876.
4. Place of Birth (Street and Number)	11 Baker St.
5. Full Name of Mother	Katherine Lai
6. Mother's Maiden Name	Deig
7. Mother's Birthplace	Germany
8. Full Name of Father	John Lai
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	526 Lancaster St
Remarks	

14086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1916 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five Children

1. Sex (state whether Male or Female) Last a girl
2. Race or Color (if not of the white race) Color White
3. Date of Birth Born the 24th of September 1849
4. Place of Birth (Street and Number) 3 B East Cleavest
5. Full Name of Mother Matilta Fatner
6. Mother's Maiden Name Matilta Donhall
7. Mother's Birthplace Germany
8. Full Name of Father Charles Donhall
9. Father's Occupation Agent
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Clarentia Kunkel

Address 11 North Choppel St pr John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 24 September 1876

4. Place of Birth (Street and Number) 57 Market Space

5. Full Name of Mother Sophie Baerns

6. Mother's Maiden Name " Newhouse

7. Mother's Birthplace Germany

8. Full Name of Father Thos Baerns

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September the 24. 1876
4. *Place of Birth (Street and Number)* Lewis St. No. 45.
5. *Full Name of Mother* Katharina Krüger
6. *Mother's Maiden Name* Katharina Krämer
7. *Mother's Birthplace* Veitshegheim, K. Baiern, Germany
8. *Full Name of Father* Lorenz Krüger
9. *Father's Occupation* Musican
10. *Father's Birthplace* Niederwern, K. Baiern, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth (6th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 24th 1896
4. Place of Birth (Street and Number)	318 Aisquith St.
5. Full Name of Mother	Kate F. Coonan
6. Mother's Maiden Name	Kate F. Gross
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Dan'l. Coonan
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address	178 Forrest Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11090

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or ~~Color~~ (if not of the white race)

3. Date of Birth September 24 1870

4. Place of Birth (Street and Number) No 7 Bell Alley

5. Full Name of Mother Ann Mary Burns

6. Mother's Maiden Name Mary Quin

7. Mother's Birthplace Ireland

8. Full Name of Father Samuel Burns

9. Father's Occupation Tailor

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Patrick Mc

Address No 23 Bath St

Remarks No

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) ~~Col.~~ White

3. *Date of Birth* September the 24 1876

4. *Place of Birth* (Street and Number) No 13 ½ Bank St

5. *Full Name of Mother* Emma Sloan

6. *Mother's Maiden Name* Emma Erostic

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John J Sloan

9. *Father's Occupation* Bricklayer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ann E Ball

Address No 171 Chester St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Sept. 24th 1876 ~~28 Jackson Sqr. Ave.~~
4. *Place of Birth* (Street and Number)	28 Jackson Square Ave.
5. *Full Name of Mother*	Francis Virginia Shaffer
6. *Mother's Maiden Name*	" " Boston
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Cook Shaffer
9 *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. P. Irons M. D.
Address	406 E. Baltimore St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114093

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 24
4. Place of Birth (Street and Number)	Baltimore Lee Street N° 20
5. Full Name of Mother	Mary Riley
6. Mother's Maiden Name	" Mooney
7. Mother's Birthplace	County Galway Ireland
8. Full Name of Father	Patrick Riley
9. Father's Occupation	Coal passer
10. Father's Birthplace	County Galway Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	N° 236 Montgomery Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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140914

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 24th 1876
4. Place of Birth (Street and Number)	N 338 Charles st.
5. Full Name of Mother	Bertha Stern
6. Mother's Maiden Name	Stern
7. Mother's Birthplace	Germany.
8. Full Name of Father	Herman Stern
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schnauer M.D.
Address	213 Cross st.
Remarks	

SEP 29 1876

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14093

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	Sep. 24. 1876
4. Place of Birth (Street and Number)	13 Mc Mechen St,
5. Full Name of Mother	Lucy G. Boswell,
6. Mother's Maiden Name	Gault,
7. Mother's Birthplace	A. A. Co, Md
8. Full Name of Father	Felix B. S. Boswell,
9. Father's Occupation	Builder,
10. Father's Birthplace	Calvert Co, Md
Name of Medical Attendant, or other Person who makes this Return.	J. L. Bigbe
Address	247 Lawalet St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 24. 1876
4. Place of Birth (Street and Number)	No 5002 Fort ave
5. Full Name of Mother	Kate Manage
6. Mother's Maiden Name	Kate Henderson
7. Mother's Birthplace	Cincinnati Ohio
8. Full Name of Father	Charles L Magah
9. Father's Occupation	Brakesman
10. Father's Birthplace	Loudoun Co, Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14097

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Jewish race
3. Date of Birth September 24
4. Place of Birth (Street and Number) Eastern avenue 315
5. Full Name of Mother Sahra Morris
6. Mother's Maiden Name " Goldstrom
7. Mother's Birthplace Poles Europe
8. Full Name of Father Adolph Morris
9. Father's Occupation Peddler
10. Father's Birthplace Poles Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulloy

Address 48 Holland St Balto City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 24th Sept. 1876
4. *Place of Birth (Street and Number)* 11 Bank
5. *Full Name of Mother* Mary Dolan
6. *Mother's Maiden Name* Keyes
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Wm. Dolan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Kasper

Address 226 Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 24th 1876 Register
4. Place of Birth (Street and Number)	No 77 Bank St.
5. Full Name of Mother	Amalia Brenner
6. Mother's Maiden Name	" Bornes
7. Mother's Birthplace	Germany
8. Full Name of Father	George Brenner
9. Father's Occupation	Printer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bustmann
Address	129 Bank St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14100

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Child,

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White race,
3. Date of Birth a 24 of September 1876,
4. Place of Birth (Street and Number) No 2.27. Peaces st.
5. Full Name of Mother Louwiser Bless,
6. Mother's Maiden Name Louwiser Bokuelofink,
7. Mother's Birthplace in Germany,
8. Full Name of Father Joseph Bless,
9. Father's Occupation a Carpeter,
10. Father's Birthplace in Germany,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT SEP 26 1876 BALTIMORE

14101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child,

1. *Sex* (state whether Male or Female) Male,
2. *Race or Color* (if not of the white race) White race,
3. *Date of Birth* 24th of September 1876,
4. *Place of Birth* (Street and Number) No 19 Baker st,
5. *Full Name of Mother* Bahna Wagner,
6. *Mother's Maiden Name* Bahna Rould,
7. *Mother's Birthplace* in Germeny
8. *Full Name of Father* Charls Wagner
9. *Father's Occupation* a Cigarmaker
10. *Father's Birthplace* in Germeny.

Name of Medical Attendant, or other Person who makes this Return. Midwife Hanna Eigeldinger

Address No 14 Union st,

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24th September 76
4. Place of Birth (Street and Number) No 73 North Fremont St Balti
5. Full Name of Mother Elizabeth Knobeloch
6. Mother's Maiden Name Elizabeth Brauer
7. Mother's Birthplace Baltimore
8. Full Name of Father Herman Knobeloch
9. Father's Occupation Cutler
10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach

Address 439 West Lenox Sunbeck

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14103

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th September
4. Place of Birth (Street and Number)	No 47 German, St
5. Full Name of Mother	Lizzie Hoerichs
6. Mother's Maiden Name	Meyers
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	W. F. Hoerichs,
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mr Lindner
Address	45 Monrow St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 24th 1876
4. Place of Birth (Street and Number) No 118 Pearl st
5. Full Name of Mother Rosa Vicari
6. Mother's Maiden Name Rosa Jackson
7. Mother's Birthplace Baltimore
8. Full Name of Father Michele Vicari
9. Father's Occupation Merchent
10. Father's Birthplace Italy

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

14105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 24th 1876
4. Place of Birth (Street and Number) Point lane no number
5. Full Name of Mother Ella Eberle
6. Mother's Maiden Name Ella Davis
7. Mother's Birthplace Addison
8. Full Name of Father Dominick Eberle
9. Father's Occupation F Tanner
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeiss

Address No 182 Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 September
4. Place of Birth (Street and Number)	Savatage St. N. 423
5. Full Name of Mother	Maria Catharina Sandmann
6. Mother's Maiden Name	Maria Catharina Juevenstette
7. Mother's Birthplace	Oldenburg Germany
8. Full Name of Father	Heinrich Sandmann
9. Father's Occupation	Cigarr Maker
10. Father's Birthplace	Oldenburg Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	c/o Hamler 60 Schroder St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14107

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	September 24th 1876
4. Place of Birth (Street and Number)	378 Myrtle Ave.
5. Full Name of Mother	Eliza Jane Hopkins
6. Mother's Maiden Name	Eliza Jane Ballard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James A. Hopkins
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Winneberger
Address	23 N. Liberty St.
Remarks	

Under Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14108

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 24. 76.
4. Place of Birth (Street and Number)	52 Pine
5. Full Name of Mother	Mgt. Jane Gillan
6. Mother's Maiden Name	Rial
7. Mother's Birthplace	Balto
8. Full Name of Father	James Gillan
9. Father's Occupation	Huxley
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Lewis M Eastman
Address	349 Lexington
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11109

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 24th 1876
4. Place of Birth (Street and Number)	159 Cross St.
5. Full Name of Mother	Anna A. Jones.
6. Mother's Maiden Name	" " Woolford.
7. Mother's Birthplace	Dorchester Co. Md.
8. Full Name of Father	Chas H. Jones
9. Father's Occupation	Huckster.
10. Father's Birthplace	Dorchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall M.D.
Address	158 S. Sharp St
Remarks	Child living.

RETURN OF A BIRTH.

14110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth [5-th]
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 25-th 1876
4. Place of Birth (Street and Number)	335 East Fayette St
5. Full Name of Mother	Sophia Weber
6. Mother's Maiden Name	Sophia Serch
7. Mother's Birthplace	Germany
8. Full Name of Father	Martin Weber
9 Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	F. E. Tooke M.D.
Address	179 East Baltimore St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 25th 1876
4. Place of Birth (Street and Number)	10 Jefferson St
5. Full Name of Mother	Helen Hameyer
6. Mother's Maiden Name	" Geiger
7. Mother's Birthplace	Germany
8. Full Name of Father	Lawrence Hameyer
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell Md
Address	114 S Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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12112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept 25 1876
4. Place of Birth (Street and Number)	Eastern ave & B
5. Full Name of Mother	Lalla Westslager
6. Mother's Maiden Name	Robinson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Westslager
9. Father's Occupation	Spt Baller
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J E Shingle M D
Address	211 Aisquith St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Mulatto
3. *Date of Birth* Sept 25 1876
4. *Place of Birth* (Street and Number) Orleans St No 36
5. *Full Name of Mother* Mrs Wellmeania Hull
6. *Mother's Maiden Name* Wellmeania Carback
7. *Mother's Birthplace* Cambridge Maryland
8. *Full Name of Father* Johnie Hull
9. *Father's Occupation* Cigar Cutter
10. *Father's Birthplace* Jamaica Islands

Name of Medical Attendant, or other Person who makes this Return. J E Shutze M D

Address 211 Aisquith St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114,114
114,115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd & 3 Child
1. Sex (state whether Male or Female)	Twins. 2 Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 25th 1876
4. Place of Birth (Street and Number)	№ 258 Cross st.
5. Full Name of Mother	Louise Farari
6. Mother's Maiden Name	Glade
7. Mother's Birthplace	America
8. Full Name of Father	Peter Farari
9. Father's Occupation	Musicianer
10. Father's Birthplace	Italien
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaaser midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) colord
3. Date of Birth 25
4. Place of Birth (Street and Number) [illegible] Watkins no 4
5. Full Name of Mother [illegible] Watkins
6. Mother's Maiden Name Watkins
7. Mother's Birthplace Baltimore
8. Full Name of Father John Lompson
9. Father's Occupation Larbor
10. Father's Birthplace unknown

Name of Medical Attendant, or other Person who makes this Return. Susan [illegible] armstrong [illegible]

Address

Remarks not full time 3 mounth

Baltimore MD

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) this is 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colorde
3. Date of Birth September 25 Gordon alley No 35
4. Place of Birth (Street and Number) Gordon alley
5. Full Name of Mother Ellen dorsey
6. Mother's Maiden Name Ellen ross
7. Mother's Birthplace Easton Shore
8. Full Name of Father William Henry dorsey
9. Father's Occupation labrer
10. Father's Birthplace Fredricke M C

Name of Medical Attendant, or other Person who makes this Return. Sarh Smothers

Address No 4 browars ally

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 25th 1876
4. Place of Birth (Street and Number)	No 345 Light St
5. Full Name of Mother	Sophia Gould
6. Mother's Maiden Name	Sophia Reling
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Horace Gould
9. Father's Occupation	Basket maker
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Mary E Anderson
Address	No 92 Hamburg St
Remarks	

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

14119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 34 Burrough
4. *Place of Birth (Street and Number)* Sept 26. 1876
5. *Full Name of Mother* Julia Pearson
6. *Mother's Maiden Name* J. Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Pearson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Anne Nash

Address

Remarks

[illegible] of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	2nd
1. *Sex* (*state whether Male or Female*)	Girl
2. *Race or Color* (*if not of the white race*)	Colored
3. *Date of Birth*	Sept 25th
4. *Place of Birth* (*Street and Number*)	Stockton Alley
5. *Full Name of Mother*	Bella Thomas
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	
8. *Full Name of Father*	
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Proctor
Address	10th Carlton Sts
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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111121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 25th 1876
4. Place of Birth (Street and Number)	N. 236 S. Dallas st
5. Full Name of Mother	Elizabeth Lautenberger
6. Mother's Maiden Name	Ramm
7. Mother's Birthplace	Germany
8. Full Name of Father	John Lautenberger
9. Father's Occupation	Farmer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs L. Bushmanns
Address	120 Back st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 25th '76
4. *Place of Birth (Street and Number)* 60 Park Ave & Wilson St
5. *Full Name of Mother* Fanny Rhett
6. *Mother's Maiden Name* Fanny Jesse
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Albert Rhett
9. *Father's Occupation* Public Weigher
10. *Father's Birthplace* So Ca

Name of Medical Attendant, or other Person who makes this Return. Edmund D Walker M D

Address 180 Linden Ave

Remarks L O A . Duration 4 hours

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Zweites Kind

1. Sex (state whether Male or Female) Ein Mädchen
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 25ten September
4. Place of Birth (Street and Number) No 200 Wolff Str
5. Full Name of Mother Mäke Fiez Pärtri ~~Schmidt~~ Rieß
6. Mother's Maiden Name Mäcke Fiez Pärtri Schmidt
7. Mother's Birthplace geboren aus Richmod
8. Full Name of Father Wilgam Rieß
9. Father's Occupation Seller Lordings Haus.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friderike Kaufmann

Address No 178 Corner of Dallas and Eärter Av

Remarks Hemma

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 25th 1876
4. Place of Birth (Street and Number)	233 Gough
5. Full Name of Mother	Mary Elizabeth Ruppert
6. Mother's Maiden Name	" " Oliver
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Ruppert
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	77 So. Broadway
Remarks	

11123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 Child

1. *Sex (state whether Male or Female)* Male and Female,
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* the 25 of September 1896,
4. *Place of Birth (Street and Number)* No 46 Hocking st.
5. *Full Name of Mother* Friedricher Lavny,
6. *Mother's Maiden Name* Friedricher Wimmer,
7. *Mother's Birthplace is* Germeny,
8. *Full Name of Father* Michil Lavny,
9. *Father's Occupation* a Black smith
10. *Father's Birthplace is* Germeny.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelsinger.

Address No 14 Minor st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11126

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 25 September
4. Place of Birth (Street and Number) 122 Ailing Street
5. Full Name of Mother Mary Wesner
6. Mother's Maiden Name Drekler
7. Mother's Birthplace Germany
8. Full Name of Father Mathieu Wesner
9. Father's Occupation Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby St

Remarks

RETURN OF A BIRTH.

11127

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 Sept
4. Place of Birth (Street and Number)	121 Pennsylvania Av
5. Full Name of Mother	Mary Jaffran
6. Mother's Maiden Name	Mary Imwald
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Jaffran ~~Baltimore~~
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Linder
Address	45 Monroe St
Remarks	

Extract from Regulations of the Board of Health relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111128

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 25th 1876
4. Place of Birth (Street and Number)	No 45 Greenmount Ave
5. Full Name of Mother	Mary Bregel
6. Mother's Maiden Name	Mary Hammel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph F. Bregel
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Rena Hillegeist
Address	No 182 Monument st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11129

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 25th 1876
4. *Place of Birth (Street and Number)* No 67 Sommerset st
5. *Full Name of Mother* Juliana Shulz
6. *Mother's Maiden Name* Juliana Kaucha
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Shulz
9. *Father's Occupation* Bakery
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Killagein

Address No 182 Monument st

Remarks

111130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 25.
4. Place of Birth (Street and Number) Lexington
5. Full Name of Mother Cora Leber
6. Mother's Maiden Name " Everhart
7. Mother's Birthplace Balto.
8. Full Name of Father Chas. S. Leber
9. Father's Occupation Confectioner.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. F. A. Kemp M.D.

Address 55 N. Green St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Sept. 25. 1876
4. Place of Birth (Street and Number)	82 Centre Market Space.
5. Full Name of Mother	Roxie G. Rivers.
6. Mother's Maiden Name	Roxie G. Miller.
7. Mother's Birthplace	Main, America. (U. S.)
8. Full Name of Father	Charles C. Rivers
9. Father's Occupation	Sea Captain.
10. Father's Birthplace	Main, U. S. America.
Name of Medical Attendant, or other Person who makes this Return.	J. M. Sullivan, M. D.
Address	116 Thames St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

111192

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	24th Sept. 1876
4. Place of Birth (Street and Number)	143. Urban st.
5. Full Name of Mother	Louisa Westland
6. Mother's Maiden Name	Louisa Gray.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Fred Westland
9. Father's Occupation	Musician
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	125 N. Caroline.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14138

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the eleven child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	25th Sept.
4. Place of Birth (Street and Number)	3d ave Highland town
5. Full Name of Mother	Anna Maryarata Maasch
6. Mother's Maiden Name	Annie Maryarata Popp
7. Mother's Birthplace	Germany
8. Full Name of Father	Theod. E Maasch
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Luisa Wilz
Address	No 11 Paterson Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1413.11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth September 25
4. Place of Birth (Street and Number) 101 Harrison street
5. Full Name of Mother Matilda Katzenstein
6. Mother's Maiden Name Matilda Schwarz
7. Mother's Birthplace Oberndorf a/n. Wurtemberg
8. Full Name of Father Abe Katzenstein
9. Father's Occupation Klothing
10. Father's Birthplace Rhein a bei Neukirchen Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Mrs Reiss [illegible]

Address [illegible] Friedrichstrasse No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 25th 1876.
4. Place of Birth (Street and Number)	185 William St.
5. Full Name of Mother	Anna Keene.
6. Mother's Maiden Name	" Mariner.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Thos. Keene.
9. Father's Occupation	Huckster.
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	158 Sharp St.
Remarks	Ch. Living & Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 25 th 1876.
4. Place of Birth (Street and Number)	171 Barre St.
5. Full Name of Mother	Anna Rebecca Brians,
6. Mother's Maiden Name	" " Miller,
7. Mother's Birthplace	Balto. City,
8. Full Name of Father	John E. Brians,
9. Father's Occupation	Plumber & Gas fitter,
10. Father's Birthplace	England,
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Talbot M.D.
Address	158 S. Shark St
Remarks.	Child Healthy,

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11-137

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 25, 1876
4. Place of Birth (Street and Number)	146 E Madison st
5. Full Name of Mother	Annie Brode
6. Mother's Maiden Name	" Morgan
7. Mother's Birthplace	Talbot Co Md
8. Full Name of Father	Henry Brode
9. Father's Occupation	Farmer
10. Father's Birthplace	Talbot Co Md
Name of Medical Attendant, or other Person who makes this Return.	E Hall Ruth Dr
Address	167 E Madison St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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14138

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 25th 1876

4. Place of Birth (Street and Number) No 14 E. Hoffman St.

5. Full Name of Mother Eliza Graff

6. Mother's Maiden Name Eliza Chambers

7. Mother's Birthplace Baltimore City

8. Full Name of Father James Graff

9. Father's Occupation Cigar Maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No 181 N. Central Ave. Balto.

Remarks Both Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 25th 1876
4. Place of Birth (Street and Number)	No 5316 Fayette st.
5. Full Name of Mother	Rebecca Bull
6. Mother's Maiden Name	Rebecca Posler
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry C Bull
9. Father's Occupation	Candle Maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm H. Bull
Address	No 181 N. Central Avenue near Monument st.
Remarks	Both well

rect Record of Vital Statistics in the City of Baltimore.

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141140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 25 September

4. Place of Birth (Street and Number) No 99. N. Eden St

5. Full Name of Mother Mary C. Otto

6. Mother's Maiden Name " " Link

7. Mother's Birthplace Germany

8. Full Name of Father G. T. W. Otto.

9. Father's Occupation Barber

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. J. Gross.

Address 137. Orleans St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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No 112

141241

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 26. 1876
4. *Place of Birth (Street and Number)* South Schappel str No 4.
5. *Full Name of Mother* Katharina Rother
6. *Mother's Maiden Name* Katharina Decker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Rother
9. *Father's Occupation* Schuhmacher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Wolf str No 28

Remarks Undrusfe

rect Record of Vital Statistics in the City of Baltimore.

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111112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP 30 1876 BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Second
(state whether Male or Female)	Male
ce or Color (if not of the white race)	african Light Brown
e of Birth	Born 8 sept 26 1876
ce of Birth (Street and Number)	Washington St Court No 17
Name of Mother	Charlott ann dougherty
her's Maiden Name	Charlott ann dougherty
her's Birthplace	accomack County Maryland
Name of Father	unknown
her's Occupation	unknown
her's Birthplace	unknown
ne of Medical Attendant, or other Person who makes this Return.	none
dress	Return Horace Commons
arks	midwife + Eliza Commons
	Resident No 45 East Pl Baltimore

114143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* September 26th 1876
4. *Place of Birth* (Street and Number) 23 N. Liberty
5. *Full Name of Mother* Helena C. Emmart
6. *Mother's Maiden Name* Helena C. Winnebergen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Philip J. Emmart
9. *Father's Occupation* Proprietor of Bowling Alley
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Winnebergen

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14144

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 26th of Sep 1876.
4. Place of Birth (Street and Number) 845 Orleans st.
5. Full Name of Mother Wilhelmine Schafer
6. Mother's Maiden Name Wilhelmine Schupp.
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Schafer
9. Father's Occupation Labor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Walter.

Address 125 N. Caroline st.

Remarks

14143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	26th September 1896
4. Place of Birth (Street and Number)	150 Pierce St.
5. Full Name of Mother	Annie Reipert
6. Mother's Maiden Name	Annie Purfurst
7. Mother's Birthplace	Neustadt Germany
8. Full Name of Father	Ernst Reipert
9. Father's Occupation	Stonecutter
10. Father's Birthplace	Hienbach Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dumler
Address	60 Schuyler
Remarks	

...ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 26 September
4. *Place of Birth (Street and Number)* 81 Hillen St
5. *Full Name of Mother* Elizabeth Bruder
6. *Mother's Maiden Name* Apple
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Michel Bruder
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address No 16 Harford Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 of September
4. Place of Birth (Street and Number)	Pick Alley
5. Full Name of Mother	Martha Missick
6. Mother's Maiden Name	Martha Bassick
7. Mother's Birthplace	Dorchester County
8. Full Name of Father	Charles Missick
9. Father's Occupation	House Laborer
10. Father's Birthplace	Dorchester County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St ck 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth September 26th
4. Place of Birth (Street and Number) 282 N. Howard Street
5. Full Name of Mother Emma Lemkuhl
6. Mother's Maiden Name Elbring
7. Mother's Birthplace St Louis Mo
8. Full Name of Father Henry L Lemkuhl
9. Father's Occupation Watchmaker
10. Father's Birthplace Hoya (Hanover) Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Reiss Gebauer

Address No 26 N. Sundenhofstraße

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26 of September
4. Place of Birth (Street and Number) 161 Front St
5. Full Name of Mother Mary Shipley
6. Mother's Maiden Name Phiffer
7. Mother's Birthplace Baltimore
8. Full Name of Father Paul Shipley
9. Father's Occupation Plasterer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address No 16 Harford Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) American
3. Date of Birth Sept. 26 1876
4. Place of Birth (Street and Number) 19. Sterrett St.
5. Full Name of Mother Annie Catherine Henry
6. Mother's Maiden Name " Kelly
7. Mother's Birthplace Balto. Md.
8. Full Name of Father John Ed. Henry
9. Father's Occupation Hunter
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. C. S. Johnson

Address 1513 S. Paca St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111137

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st, 2d, 3d, &c.~~*) 6th

1. Sex (*state whether ~~Male or~~ Female*)

2. Race or Color (*if not of the white race*)

3. Date of Birth 26th Sept-1876

4. Place of Birth (*Street and Number*) 320 E Broadway

5. Full Name of Mother Mary Hall

6. Mother's Maiden Name Mary Mellen

7. Mother's Birthplace Baltimore City

8. Full Name of Father Wm. A. Hall

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell

Address N W Cor Broadway & Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Sept 26th 1876
4. Place of Birth (Street and Number) No 145 S Broadway.
5. Full Name of Mother Anna Schwingler
6. Mother's Maiden Name Sellner
7. Mother's Birthplace City
8. Full Name of Father John Schwingler
9. Father's Occupation Bar Keeper
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 1211 Bank St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111132

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 26th 1876
4. Place of Birth (Street and Number)	No 68 Bank st —
5. Full Name of Mother	Ernestina Meyer
6. Mother's Maiden Name	Goldberg
7. Mother's Birthplace	Germany
8. Full Name of Father	Moritz Meyer
9. Father's Occupation	Printer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank st.
Remarks	

111134

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 26th 1876
4. Place of Birth (Street and Number)	No 25 S. Gough st.
5. Full Name of Mother	Wilhelmina Berkner
6. Mother's Maiden Name	" Moses
7. Mother's Birthplace	City
8. Full Name of Father	Paul Berkner
9. Father's Occupation	Tinner
10. Father's Birthplace	City.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E Bushmann
Address	120 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	26 Sept 1876
4. Place of Birth (Street and Number)	E Hugh St.
5. Full Name of Mother	Martha Dugan
6. Mother's Maiden Name	Lenehan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Dugan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	42 E Lombard St.
Remarks	

111156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 26th 1876
4. Place of Birth (Street and Number)	Baltimore Co. Ave No. 40
5. Full Name of Mother	Caroline Hiskey
6. Mother's Maiden Name	Severes
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward S. Hiskey
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 122. Parkin st.
Remarks	

Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 26th 1876
4. Place of Birth (Street and Number) Blair Avenue no number
5. Full Name of Mother Mary Markle
6. Mother's Maiden Name Mary Schein
7. Mother's Birthplace Baltimore
8. Full Name of Father George Markle
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 1.82 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14158

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Germans
3. Date of Birth Sept. 26 1876
4. Place of Birth (Street and Number) Holly St. 133
5. Full Name of Mother Catherine Westerman
6. Mother's Maiden Name Catherine Kelman
7. Mother's Birthplace Berlin
8. Full Name of Father William J Westerman
9. Father's Occupation Cole Dealer
10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this Return. J. E. Shultze M.D.

Address 211 Aisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11159

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	September 26th
4. Place of Birth (Street and Number)	Baltimore Perry Street No 21
5. Full Name of Mother	Julia Devine
6. Mother's Maiden Name	Walsh
7. Mother's Birthplace	County Galway Ireland
8. Full Name of Father	Peter Devine.
9. Father's Occupation	drives a dray
10. Father's Birthplace	County galway Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 236 mont gomery Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 26 1876
4. Place of Birth (Street and Number)	N. 6 Orleans Street
5. Full Name of Mother	Friedrike Piek
6. Mother's Maiden Name	Thomas
7. Mother's Birthplace	Amerika
8. Full Name of Father	Wilhelm Piek
9. Father's Occupation	Schumaker
10. Father's Birthplace	~~Germany~~ Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. R. Rudiger
Address	134 N. Bond Street
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 26th 1876
4. *Place of Birth (Street and Number)* 4 Broadway 27
5. *Full Name of Mother* Sarah Emma Anderson
6. *Mother's Maiden Name* Sarah Emma Green
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* David Anderson
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Glasgow Scotland

Name of Medical Attendant, or other Person who makes this Return. E. G Baldwin

Address 124 n Exeter st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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14162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 27th 1876
4. Place of Birth (Street and Number)	48 N. Broadway
5. Full Name of Mother	Mary Elisabeth Klees
6. Mother's Maiden Name	" " Kindler
7. Mother's Birthplace	Chillicothe (Ohio)
8. Full Name of Father	Henry Klees Jr.
9. Father's Occupation	Leather manufacturer
10. Father's Birthplace	Baltimore md.
Name of Medical Attendant, or other Person who makes this Return.	Pierre G. Dauschner
Address	27. N. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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14163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 27th
4. Place of Birth (Street and Number)	98 Cross st
5. Full Name of Mother	Anna Fishbach
6. Mother's Maiden Name	Jacob
7. Mother's Birthplace	Kurhessen
8. Full Name of Father	Ernst Fishbach
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Shoh
Address	328 E. Eastern st
Remarks	B. M. D.

rect Record of Vital Statistics in the City of Baltimore.

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14164

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 27th

4. Place of Birth (Street and Number) 56 Portland St

5. Full Name of Mother Babara Bichard

6. Mother's Maiden Name Wman

7. Mother's Birthplace Baden

8. Full Name of Father Gottfried Bichard

9. Father's Occupation Box maker

10. Father's Birthplace Wurthemberg

Name of Medical Attendant, or other Person who makes this Return. Mary Kroll

Address 328 S Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14165

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) E

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 27th 1876
4. *Place of Birth (Street and Number)* No 63 Hill St
5. *Full Name of Mother* Mary Beale
6. *Mother's Maiden Name* Mary Thorn
7. *Mother's Birthplace* Penn
8. *Full Name of Father* David J Beale
9. *Father's Occupation* Minister
10. *Father's Birthplace* Penn

Name of Medical Attendant, or other Person who makes this Return. H C Bartlett M D

Address 17 Hanover

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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111166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 29th 1876
4. Place of Birth (Street and Number)	No 175 S Bethel st.
5. Full Name of Mother	Mina Pfeifer
6. Mother's Maiden Name	Hillgastines
7. Mother's Birthplace	City
8. Full Name of Father	Henry Pfeifer
9. Father's Occupation	Potter
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 2nd 1876
4. Place of Birth (Street and Number)	No 61 Magdalene Alley.
5. Full Name of Mother	Mary Jobes
6. Mother's Maiden Name	Lindsay
7. Mother's Birthplace	City
8. Full Name of Father	Herman Jobes
9. Father's Occupation	Laborer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st.
Remarks	

14168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1rst

1. Sex (state whether Male or Female) Female healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 27 of September 1876
4. Place of Birth (Street and Number) No 55 Banteloe St.
5. Full Name of Mother Sophie Souer
6. Mother's Maiden Name S. Kohl
7. Mother's Birthplace born in the City of Balto.
8. Full Name of Father William Souer
9. Father's Occupation Laborer
10. Father's Birthplace born in the City of Balto.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Killar

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11169

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Sept. 27. 1876.
4. Place of Birth (Street and Number)	407 E. Baltimore St.
5. Full Name of Mother	Julia C. Griffith.
6. Mother's Maiden Name	Julia C. Taylor.
7. Mother's Birthplace	Canada.
8. Full Name of Father	Henry G. Griffith
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Rud. F. Powell M.D.
Address	224 Carrollton Ave
Remarks	Child well developed and vigorous.

RETURN OF A BIRTH.

11470

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 of September
4. Place of Birth (Street and Number)	Johnson St No 140
5. Full Name of Mother	Susan Sanders
6. Mother's Maiden Name	Susan Lakwood
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Sanders
9. Father's Occupation	Ship Labourer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 120
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11171

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	27th Sept.
4. *Place of Birth* (Street and Number)	76 Mulberry St.
5. *Full Name of Mother*	Mary Lutdusch
6. *Mother's Maiden Name*	Mary Fischer
7. *Mother's Birthplace*	Heppenheim an der Bug Starke Hessen Darmstadt
8. *Full Name of Father*	Ben. L. Deutousch
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Munic Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mrs. A. Lindner
Address	45 Monro St.
Remarks	

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14172

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 28th 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Sept 27th 1876
4. Place of Birth (Street and Number) 132 Wolfe St.
5. Full Name of Mother Katie Schlotter. Strohhecker.
6. Mother's Maiden Name Katie Schlotter.
7. Mother's Birthplace America.
8. Full Name of Father John Strohhecker.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M Amend.

Address No. 137 S. Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11173

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
29
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 27th 1876
4. *Place of Birth (Street and Number)* No 66. Jefferson St
5. *Full Name of Mother* Wilhelme Zulauf
6. *Mother's Maiden Name* Wilhelme Fleckenstine
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Zulauf
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address 182 Monument St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14174

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1916 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 27th 1916
4. Place of Birth (Street and Number)	No 90 Sommerau st
5. Full Name of Mother	Josephine Snowman
6. Mother's Maiden Name	Josephine Kruge
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fred Snowman
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dena Hillegeist
Address	No 182 Monument st
Remarks	

14175

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	color
3. Date of Birth	September 27
4. Place of Birth (Street and Number)	303 Hanover Street
5. Full Name of Mother	Mary Dunn
6. Mother's Maiden Name	Smith
7. Mother's Birthplace	West Mal County Maryland
8. Full Name of Father	John Dunn
9. Father's Occupation	Sally
10. Father's Birthplace	Maine County
Name of Medical Attendant, or other Person who makes this Return.	Susie Ann Strong
Address	85 Spruce St
Remarks	

Baltimore Oct [illegible] [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) four

1. Sex (state whether Male or Female) boy
2. Race or Color (if not of the white race) white
3. Date of Birth 27 september
4. Place of Birth (Street and Number) West Pratt st 556
5. Full Name of Mother Polleanea Fleischer
6. Mother's Maiden Name Polleanea "
7. Mother's Birthplace germina
8. Full Name of Father Fredrick Fleischer
9. Father's Occupation laward hand
10. Father's Birthplace germanie

Name of Medical Attendant, or other Person who makes this Return. Katharina Fimbach

Address 439 West Pratt st

Remarks

'rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 27th
4. Place of Birth (Street and Number)	Stockholm No 7
5. Full Name of Mother	Barbara Buecher
6. Mother's Maiden Name	Hitzel
7. Mother's Birthplace	Hessenkirmstadt
8. Full Name of Father	Francis Buecher
9. Father's Occupation	Glass Blower
10. Father's Birthplace	Switzerland
Name of Medical Attendant, or other Person who makes this Return.	Mary Lux
Address	328 S. Eutaw St.
Remarks	

Rec't Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14178 1/2

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27th September 1876
4. *Place of Birth (Street and Number)* # 23 S. Durham St.
5. *Full Name of Mother* Catharina Drexel
6. *Mother's Maiden Name* Catharina Dausend
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* George Drexel ★ +
9. *Father's Occupation*
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. M. Lederer

Address # 25 S. Durham St.

Remarks

14179

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 27 1876

4. Place of Birth (Street and Number) Haw & Emory St

5. Full Name of Mother Mary Hackman

6. Mother's Maiden Name Mary Hackel

7. Mother's Birthplace Germany Bristol Prussia

8. Full Name of Father Henry H Hackman

9. Father's Occupation Grocery

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Miss Dumler

Remarks North Richards Co

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 113

14180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* September 27. 1876
4. *Place of Birth (Street and Number)* South Wolfstr No 205
5. *Full Name of Mother* Auguste Schmidt
6. *Mother's Maiden Name* Auguste Thiel
7. *Mother's Birthplace* Marienwerder Prussia
8. *Full Name of Father* Franz Schmidt
9. *Father's Occupation* Schipparbeiter
10. *Father's Birthplace* Marienwerder Prussia

Name of Medical Attendant, or other Person who makes this Return. Ms. Johanna Raupach

Address South Wolfstr No 28.

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14181

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* Sept 28th 1876
4. *Place of Birth (Street and Number)* No 266 N Bond
5. *Full Name of Mother* Anna Oakes
6. *Mother's Maiden Name* " Hergschcimer
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Samuel H Oakes
9. *Father's Occupation* Foreman of Oyster Packing House
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andro M. D

Address No 121 E Balto St

Remarks Balto Md

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11182

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sep. 28 1876
4. Place of Birth (Street and Number)	6 Rice St.,
5. Full Name of Mother	Henrietta C. Young,
6. Mother's Maiden Name	Hardee,
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Chas. Henry Young
9. Father's Occupation	Laborer,
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	J. L. Eagle M. D.
Address	244 Lawrence St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 28 Sept 1876

4. Place of Birth (Street and Number) 34 Albemarle St

5. Full Name of Mother Louise Deitman

6. Mother's Maiden Name Boss

7. Mother's Birthplace U States of America

8. Full Name of Father Fred Deitman

9. Father's Occupation Clerk

10. Father's Birthplace U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 526 Lombard St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1418.11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 25th Sept. 1896

4. Place of Birth (Street and Number) 65 Castle St.

5. Full Name of Mother Mary Blaine

6. Mother's Maiden Name Colby

7. Mother's Birthplace Ireland

8. Full Name of Father Denis Blaine

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Capes

Address 522 E. Lombard St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14185

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 28th Sept 1876.

4. Place of Birth (Street and Number) 37 Albemarle St.

5. Full Name of Mother Barbara Fort

6. Mother's Maiden Name " Graft

7. Mother's Birthplace Germany

8. Full Name of Father Henry Fort

9. Father's Occupation Clerck

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Kasper

Address 526 Lombard St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11186

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* September 28th 1876
4. *Place of Birth* (Street and Number) 11 Portugal ally
5. *Full Name of Mother* Joanna Bollinger
6. *Mother's Maiden Name* Joanna Vogel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Bollinger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address No 178 S Chapel Street

Remarks F P

Vital Record of Vital Statistics in the City of Baltimore.

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14187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth September 28th 1876
4. Place of Birth (Street and Number) No. 324 Mulberry St.
5. Full Name of Mother Mary Caldwell
6. Mother's Maiden Name Mary Kelly
7. Mother's Birthplace Baltimore
8. Full Name of Father Martin Caldwell
9. Father's Occupation Machinist
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

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Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 September
4. Place of Birth (Street and Number)	185 Lancaster Street
5. Full Name of Mother	Emma Stamph
6. Mother's Maiden Name	Krause
7. Mother's Birthplace	Germany
8. Full Name of Father	John Stamph
9. Father's Occupation	None
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Turner
Address	1070 Granby St
Remarks	

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14159

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 September
4. Place of Birth (Street and Number)	No 10 Spring St
5. Full Name of Mother	Karoline Bushman
6. Mother's Maiden Name	Burkart
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Bushman
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Fehrer
Address	1070 Granby St
Remarks	

14190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Sept 28th 1876

4. Place of Birth (Street and Number) No 138 S Broadway

5. Full Name of Mother Leopoldina Kann

6. Mother's Maiden Name Neuberger

7. Mother's Birthplace Germany

8. Full Name of Father Mendel Kann

9. Father's Occupation Notion Dealer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 28th 1876
4. *Place of Birth (Street and Number)* No 26 Park st
5. *Full Name of Mother* Mina Brown
6. *Mother's Maiden Name* " Oberdeck
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Brown
9. *Father's Occupation* Tin Smith
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 128 Park st

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

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14192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 28th '76
4. Place of Birth (Street and Number) 75 Block St.
5. Full Name of Mother Kate Hax
6. Mother's Maiden Name " Hancock
7. Mother's Birthplace England
8. Full Name of Father John Valentine Hax
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. James J. McShane, Mrs.

Address 254 Eastern Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11193

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 of September
4. Place of Birth (Street and Number)	Weber St 66.
5. Full Name of Mother	Lizze Kirn
6. Mother's Maiden Name	Lizze Barkaut
7. Mother's Birthplace	Bek in germeny
8. Full Name of Father	Georg Kirn
9. Father's Occupation	Labor Work.
10. Father's Birthplace	Oberroden in germeny
Name of Medical Attendant, or other Person who makes this Return.	Aber Martin
Address	West St N. 125
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14194

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 28th 1876
4. Place of Birth (Street and Number)	157 Hamburg St
5. Full Name of Mother	Isabella Burger
6. Mother's Maiden Name	" Ramsey
7. Mother's Birthplace	Balto Md
8. Full Name of Father	John Burger
9. Father's Occupation	Finisher
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs C A Lewis
Address	162 Hanover St
Remarks	Balto Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1876 BALTIMORE

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) first Child

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* September 28 1876
4. *Place of Birth* (*Street and Number*) East Baltimore Chester St No 55
5. *Full Name of Mother* Elizabeth ann Curry
6. *Mother's Maiden Name* Elizabeth ann Garrison
7. *Mother's Birthplace* East Baltimore
8. *Full Name of Father* William Frederic Curry
9. *Father's Occupation* Mariner
10. *Father's Birthplace* East Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiles

Address No 12 Paterson Park Ave

Remarks

14196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) American
3. Date of Birth Sept. 28th 1876
4. Place of Birth (Street and Number) 748 Lexington
5. Full Name of Mother Laura Willimmna White
6. Mother's Maiden Name Laura Willimmna Sturman
7. Mother's Birthplace Newtown Fredk Co Va
8. Full Name of Father Eggleston Summerfield White
9. Father's Occupation Ins. Agent
10. Father's Birthplace Newtown, Fredk Co Va

Name of Medical Attendant, or other Person who makes this Return. J. Wm Walls M.D.

Address No. 18 S. Eutaw

Remarks — This was a premature birth at 8 mos. child living & doing well at this date. Octo 11th 76

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11197

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 28 Sept. 76

4. Place of Birth (Street and Number) Stone Row, Cathedral st extended

5. Full Name of Mother Elizabeth McCubin

6. Mother's Maiden Name " McAbee

7. Mother's Birthplace md

8. Full Name of Father Wm Edward McCubin

9. Father's Occupation Engineman on N. C. R. R.

10. Father's Birthplace md

Name of Medical Attendant, or other Person who makes this Return. G. L. Tannyhill MD

Address 129 N Riddle st

Remarks

14198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st sep thursday night 13 mo

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord bleed bennette
3. Date of Birth between 11 & 12 name ida eliza lett
4. Place of Birth (Street and Number) hughes st No 2 13
5. Full Name of Mother liza ann bennette
6. Mother's Maiden Name liza ann coxon
7. Mother's Birthplace tallbot county
8. Full Name of Father gourge bennette
9. Father's Occupation oyster shucken
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. annie johnson

Address plum alley between hanbarg & cross

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 114. 14199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 28. 1876
4. *Place of Birth (Street and Number)* South Roestel str No 49
5. *Full Name of Mother* Elisabeth Bonn
6. *Mother's Maiden Name* Elisabeth Trienewald
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Bonn
9. *Father's Occupation* Ingenuir
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Braupach

Address South Wolf str No 28

Remarks Undrosfe

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11-200

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~Oct 1st~~ September 28th 1876
4. Place of Birth (Street and Number)	No 19 E. James St.
5. Full Name of Mother	Sl. M. Rock
6. Mother's Maiden Name	S. M. Johnston
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Fredrick Rock
9. Father's Occupation	Carpet weaver
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm M. A. Butt
Address	No 181 N. Central Avenue near Monument St.
Remarks	Both Well.

14201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 28th 1876
4. Place of Birth (Street and Number)	123 Bank st.
5. Full Name of Mother	Maria Virginia Crampton
6. Mother's Maiden Name	Maria Virginia Costello
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Thaddeus Crampton
9. Father's Occupation	Chair Maker
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	77 So. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114202

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The second
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 29th
4. Place of Birth (Street and Number)	No 244 N Wolfe Street
5. Full Name of Mother	Clara Hannah Pennington
6. Mother's Maiden Name	Clark
7. Mother's Birthplace	Balto City
8. Full Name of Father	Chas. O Pennington
9. Father's Occupation	Plasterer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas. J. Kreuber M.D.
Address	222 N. Broadway
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 29th 1876
4. Place of Birth (Street and Number)	74 Centre St
5. Full Name of Mother	Nina Smith
6. Mother's Maiden Name	~~Levering~~ Levering
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Sam'l L. Smith
9. Father's Occupation	Warehouseman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M. D.
Address	262 Madison Ave
Remarks	Forceps impacted in lower Strait

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14204

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Sept 2nd 1876
4. *Place of Birth* (Street and Number) 1410 Chappel Street
5. *Full Name of Mother* Catharine Baird
6. *Mother's Maiden Name* Catharine Mires
7. *Mother's Birthplace* Baltimore ~~Lock Wams Board~~
8. *Full Name of Father* Mason Lock Wams Board
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Mary E Simms

Address #178 E Chappel St

Remarks

RETURN OF A BIRTH.

14203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 29th 1876
4. Place of Birth (Street and Number)	Durham st 1st 236
5. Full Name of Mother	Cathrin Shann
6. Mother's Maiden Name	Lange
7. Mother's Birthplace	Germ
8. Full Name of Father	Joseph Shann
9. Father's Occupation	Varnisher
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuttle
Address	Midwife
Remarks	320 Alice Anna st

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Sept 29

3. Date of Birth Sept 29

4. Place of Birth (Street and Number) 278 Eutaw St

5. Full Name of Mother Catharina Shiegner

6. Mother's Maiden Name Sunderman

7. Mother's Birthplace Prussia

8. Full Name of Father Fred Shiegner

9. Father's Occupation Tavern Keeper

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kerh

Address 328 S Eutaw St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 29th 1876
4. Place of Birth (Street and Number)	Baltimore Ramsey st. near 10
5. Full Name of Mother	Catherine Russle
6. Mother's Maiden Name	Catherine Eaton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Russle
9. Father's Occupation	Store - Keeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. L. Mitchell
Address	No. 122 Parkin st.
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14207

11208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1896 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 29th 1896
4. Place of Birth (Street and Number)	No. 37 S. Wheatcroft
5. Full Name of Mother	Virginia Moore
6. Mother's Maiden Name	" Harrison
7. Mother's Birthplace	Norfolk Virginia
8. Full Name of Father	William J. Moore
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	
Address	Elize Schmidt
Remarks	446 Penn Ave

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth 29th September 1876
4. Place of Birth (Street and Number) South of Elanover Street
5. Full Name of Mother D. C. Fromillion
6. Mother's Maiden Name D. C. Langley
7. Mother's Birthplace Baltimore
8. Full Name of Father F. C. Fromillion
9. Father's Occupation Laborer
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. C. C. Richardson

Address 302 West Lombard Street

Remarks

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1142 10

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 of September
4. Place of Birth (Street and Number)	Brinstead Leane
5. Full Name of Mother	Ellen Hunt.
6. Mother's Maiden Name	Ellen Lannon
7. Mother's Birthplace	County Galaway
8. Full Name of Father	Lawrence Hunt.
9. Father's Occupation	Labor Works
10. Father's Birthplace	County Galaway
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St N 128
Remarks	

Penalty for Neglect of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

014211

Sept 29th 1876

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 29th 1876
4. Place of Birth (Street and Number)	438 Canton ave
5. Full Name of Mother	Franziska Abendschein
6. Mother's Maiden Name	" " " Fritz
7. Mother's Birthplace	Germany
8. Full Name of Father	John Abendschein
9. Father's Occupation	Butsher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Luckan
Address	No 10 Essex Street
Remarks	

RETURN OF A BIRTH.

111212

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 29
4. Place of Birth (Street and Number)	63 Boyle st Baltimore
5. Full Name of Mother	Mary Louisa Klein
6. Mother's Maiden Name	Mary Louisa Ratt
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	William Henry Klein
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Wm Lemke
Address	
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 21st 1876
4. Place of Birth (Street and Number) 143 South Chester St
5. Full Name of Mother Edith Durham
6. Mother's Maiden Name Edith Deacon
7. Mother's Birthplace England
8. Full Name of Father James Durham
9. Father's Occupation P W R Road Employ
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Frey

Address No 193 South Chester St

Remarks Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 29. 1876
4. Place of Birth (Street and Number)	3.37 East Monument st
5. Full Name of Mother	Elizabeth A Bryan
6. Mother's Maiden Name	Elizabeth A Berry
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George W Bryan
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Baltimore County md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Catharine
Address	3.23 East Monument st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

142137

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Sept 29th 1876
4. *Place of Birth* (Street and Number)	No 153 William st.
5. *Full Name of Mother*	Henretta Harrison
6. *Mother's Maiden Name*	Hoffman
7. *Mother's Birthplace*	America
8. *Full Name of Father*	William Harrison
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeyer midwife
Address	213 Cross st.
Remarks	

MISSING

14216

Orsa

14217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child - Alexander Fulton

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 30th 1876
4. Place of Birth (Street and Number)	272 N Gilmor St
5. Full Name of Mother	Sarah Elizabeth Gillespie
6. Mother's Maiden Name	Gates
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Washington Gillespie
9. Father's Occupation	U S Guager
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eliab C Price M D.
Address	262 Madison Ave
Remarks	Head very large, impacted in upper Strait. Forceps both doing remarkably well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

14218

RETURN OF A BIRTH.

GIVEN NAME ADDED 5-12-61

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

Name: Clarence Parker McPherson

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 30.76
4. Place of Birth (Street and Number)	50 Jackson Square Ave
5. Full Name of Mother	Annie McPherson
6. Mother's Maiden Name	" Parker
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	John McPherson
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell MD
Address	1 S Exeter St
Remarks	

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 3 1876
4. Place of Birth (Street and Number) No. 1 2 3 S. Chester St.
5. Full Name of Mother Elizabeth Daniels
6. Mother's Maiden Name Back
7. Mother's Birthplace Balto City
8. Full Name of Father James Daniels
9. Father's Occupation Hue man
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. M. J. Gaddy, M.D.

Address 2 1/4 Bank St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14220

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 30th Sept. 1876.
4. *Place of Birth (Street and Number)* 17 Exeter St.
5. *Full Name of Mother* Mary Rider
6. *Mother's Maiden Name* "
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Sarah Harper

Address 526 E. Lombard St

Remarks

RETURN OF A BIRTH.

114291

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelfth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 30th 1876.
4. Place of Birth (Street and Number)	118 N. Schroeder
5. Full Name of Mother	Sarah Jane Brown
6. Mother's Maiden Name	Zimmerman
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Isaiah Brown
9. Father's Occupation	Wood Turner
10. Father's Birthplace	Carroll County, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	Premature delivery, seven months.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

14222
14223

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male (Twins)
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30 September 1891
4. *Place of Birth (Street and Number)* Baltimore
5. *Full Name of Mother* Anna Turlak
6. *Mother's Maiden Name* Anna Kalicka
7. *Mother's Birthplace* Poland Bohemia
8. *Full Name of Father* Francis Turlak
9. *Father's Occupation*
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Agatis midwife

Address

Remarks

Peer Record of Vital Statistics in the City of Baltimore.

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Vect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14224

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 30th 1876
4. *Place of Birth (Street and Number)* No 278 E. Madison St
5. *Full Name of Mother* Anna Mary Herbes
6. *Mother's Maiden Name* Anna Mary Franz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Herbes
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 Monument St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

14225

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1916 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* 30th September 1916.

4. *Place of Birth* (Street and Number) Canton Avenue 403.

5. *Full Name of Mother* Francisca Winkler

6. *Mother's Maiden Name* Jaeppert

7. *Mother's Birthplace* Baden, Germany

8. *Full Name of Father* Georg Winkler

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Bavary, Germany

Name of Medical Attendant, or other Person who makes this Return. William Henkel.

Address S. Wolfe St. 117.

Remarks

14226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether Male or Female) Female 1 Child
2. Race or Color (if not of the white race) White
3. Date of Birth September 30. 1876
4. Place of Birth (Street and Number) Gaes St 226
5. Full Name of Mother Walpurga Böddeker
6. Mother's Maiden Name Walpurga Ridder
7. Mother's Birthplace Germany
8. Full Name of Father Franz Böddeker
9. Father's Occupation Dalever
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address Mes Lanes 172

Remarks Harferaran, 1876

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14227

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	150 Orleans St
4. Place of Birth (Street and Number)	30 of September
5. Full Name of Mother	Kate Denson
6. Mother's Maiden Name	Biggs
7. Mother's Birthplace	Indianna
8. Full Name of Father	Luther Denson
9. Father's Occupation	Stencil Cutter
10. Father's Birthplace	Pensylvania
Name of Medical Attendant, or other Person who makes this Return.	Ursula P Chrismer
Address	No 19 Forest Place
Remarks	

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14228

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third (3d)

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Sept. 30th 1876
4. *Place of Birth* (Street and Number) 354 Mc. Donough st.
5. *Full Name of Mother* Maria Mader
6. *Mother's Maiden Name* " Kimmel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Mader
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschn M.D

Address 27 N. Broadway

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 30/76
4. Place of Birth (Street and Number)	Alice Anna st No 415
5. Full Name of Mother	Maria Kobajiski
6. Mother's Maiden Name	" Zamkinski
7. Mother's Birthplace	Prussia
8. Full Name of Father	John Kobajiski
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	Midwife
Remarks	320 Alice Anna st

14230

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth September 30-1876
4. Place of Birth (Street and Number) 14 South Republican St.
5. Full Name of Mother Mary E. Scott
6. Mother's Maiden Name " " Taylor
7. Mother's Birthplace Saint Mary's Co. Md.
8. Full Name of Father Channing M. Scott
9. Father's Occupation Insurance Agent
10. Father's Birthplace Prince Georges Co. Md

Name of Medical Attendant, or other Person who makes this Return. Jane Wonneberger

Address 23 N. Liberty St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1111 — 14231

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 September
4. Place of Birth (Street and Number)	60 Granby Street
5. Full Name of Mother	Catherine Stonhouse
6. Mother's Maiden Name	Lehr
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Stonhouse
9. Father's Occupation	Tailor Work
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	No 70 Granby Street
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

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14236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept 30th 76
4. Place of Birth (Street and Number)	95 Lurius Alley
5. Full Name of Mother	Maria ~~Morton~~ Cromwell
6. Mother's Maiden Name	Morton
7. Mother's Birthplace	Balto
8. Full Name of Father	Chas Cromwell
9. Father's Occupation	Coachman
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Annie Duffy
Address	12 Lurius Alley
Remarks	pr WD Booker

rect Record of Vital Statistics in the City of Baltimore.

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✓ 14233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 6th
4. Place of Birth (Street and Number)	No 137 Cross St
5. Full Name of Mother	Maggie Beeler
6. Mother's Maiden Name	" Jones
7. Mother's Birthplace	Balto City
8. Full Name of Father	Charles W. Beeler
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch M.D.
Address	141 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114234.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 8th
4. Place of Birth (Street and Number)	165 Hanover St
5. Full Name of Mother	Louisa Waldkoney
6. Mother's Maiden Name	Gundlas
7. Mother's Birthplace	Kur Hessen
8. Full Name of Father	Christian Waldkoney
9. Father's Occupation	Prussia
10. Father's Birthplace	Cigar maker
Name of Medical Attendant, or other Person who makes this Return.	Mary Krohn
Address	328 S Eutaw St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112.35

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	September the 10th
4. Place of Birth (Street and Number)	no 11 ex alley
5. Full Name of Mother	lorta taylor
6. Mother's Maiden Name	lorta read
7. Mother's Birthplace	baltimore
8. Full Name of Father	wricey taylor
9. Father's Occupation	barber
10. Father's Birthplace	america virginia
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Porter
Address	no 11 pappsto avenue
Remarks	healthy child

1112.36

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 13
4. Place of Birth (Street and Number)	Caroline St No 223
5. Full Name of Mother	Lizie Graventh
6. Mother's Maiden Name	" Heiger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Graventh
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Kalloge
Address	No 289 S. Bond St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

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14237

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* September 16
4. *Place of Birth (Street and Number)* 226 Bethel St
5. *Full Name of Mother* C. E. Terscheid
6. *Mother's Maiden Name* " Cross
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Terscheid
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14238

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 6 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 23d 1876
4. Place of Birth (Street and Number)	184. Druid Hill Avenue
5. Full Name of Mother	Lucinda McCauley Daniels
6. Mother's Maiden Name	Lucinda McCauley
7. Mother's Birthplace	Anne Arundel County
8. Full Name of Father	Wm Thomas Daniels
9. Father's Occupation	Paint Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Saml H. Henry M.D.
Address	198. Druid Hill Avenue
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Record of Vital Statistics in the City of Baltimore.

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1112 39

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 26
4. Place of Birth (Street and Number)	206 Broadway
5. Full Name of Mother	Mina Steslaub
6. Mother's Maiden Name	" Heiburg
7. Mother's Birthplace	Germany
8. Full Name of Father	Peter Steslaub
9. Father's Occupation	Tavern
10. Father's Birthplace	Schwiden
Name of Medical Attendant, or other Person who makes this Return.	Regina Heilage
Address	No 289 S. Bond St
Remarks	

RETURN OF A BIRTH.

114240

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 27th 1876
4. Place of Birth (Street and Number)	194 Green Mount Avenue
5. Full Name of Mother	Jennie F. Kleinfelter
6. Mother's Maiden Name	Jennie F. Anderson
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jeremiah Kleinfelter
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Penna
Name of Medical Attendant, or other Person who makes this Return.	Geo B Reynolds
Address	34 North Calvert
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1112111

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 28th
4. Place of Birth (Street and Number)	No 217 Cross St
5. Full Name of Mother	Mary Callender
6. Mother's Maiden Name	Phillips
7. Mother's Birthplace	Carroll County Md
8. Full Name of Father	Henry Callender
9. Father's Occupation	Huckster
10. Father's Birthplace	Patapsco City
Name of Medical Attendant, or other Person who makes this Return.	J C Burchell M D
Address	111 Hanover St
Remarks	

14242

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 30 1878

4. Place of Birth (Street and Number) No 45 Pearl St

5. Full Name of Mother Caroline Schroeder

6. Mother's Maiden Name Caroline Niewoner

7. Mother's Birthplace Germany

8. Full Name of Father Wilhelm Schroeder

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Mesenzke

Address No 220 Preston St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1112.48

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d,
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 30 de 1876
4. Place of Birth (Street and Number)	114 Lost
5. Full Name of Mother	Katharine Koop
6. Mother's Maiden Name	L. Wilzhan
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Friedrig Koop
9. Father's Occupation	Tayler
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	M. R. Rudiger
Address	134 N. Bondstreet
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14244

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 30 1876
4. Place of Birth (Street and Number) N 36 Pleasant St
5. Full Name of Mother Virginia Agnes Turner
6. Mother's Maiden Name Virginia Agnes Mumford
7. Mother's Birthplace Worcester County Maryland
8. Full Name of Father Joseph J. Turner Jr
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Chalard M.D.

Address N 116 Park Ave.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112443

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept. 30th 1876
4. *Place of Birth (Street and Number)* No 115 South Dallas st
5. *Full Name of Mother* Hetty Fields
6. *Mother's Maiden Name* Hetty Minigen
7. *Mother's Birthplace* Rochester Va
8. *Full Name of Father* Isaac Fields
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Cambridge

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Leaton

Address No 111 South Dallas st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30th of September
4. Place of Birth (Street and Number) 119 N. Yeter St
5. Full Name of Mother Mary Webber
6. Mother's Maiden Name Mary Ruppel
7. Mother's Birthplace Grafamore, Gerhagrow Germany
8. Full Name of Father Jno. Webber
9. Father's Occupation Barber
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. P. Clark M. D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14247

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 30th 1876 12 10 a.m.
4. Place of Birth (Street and Number)	107 Eastern Av.
5. Full Name of Mother	Bridget Moore
6. Mother's Maiden Name	Bridget Burns
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Michael Moore
9. Father's Occupation	Carter
10. Father's Birthplace	County Wicklow, Ireland
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	77 So. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

142458

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th (ninth)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Sept. 30th 1876
4. *Place of Birth* (Street and Number) 157 Dolphin St.
5. *Full Name of Mother* Julia H. Harwood
6. *Mother's Maiden Name* Julia Hunter
7. *Mother's Birthplace* Beltsville, Maryland
8. *Full Name of Father* Franklin Harwood
9. *Father's Occupation* Colonel in U. S. Army
10. *Father's Birthplace* Newport R. I.

Name of Medical Attendant, or other Person who makes this Return. S. A. Chew M. D.

Address 141 Laurel St.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14249

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~Sept~~ Sept 30th 1876
4. Place of Birth (Street and Number)	59 Gaughey
5. Full Name of Mother	Sarah Elizabeth Work
6. Mother's Maiden Name	Sarah Elizabeth Work
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Henry Work
9. Father's Occupation	Puddler
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	77 So. Broadway
Remarks	

Fees Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111250

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 10th 1875
4. Place of Birth (Street and Number)	Ed Mondson Av near Carrollton Av
5. Full Name of Mother	Elizabeth Jane Browning —
6. Mother's Maiden Name	Rogers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Edgar Browning
9 Father's Occupation	Grocer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	262 Madison Av
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

GIVEN NAME ADDED 4-25-56

RETURN OF A BIRTH.

1142.51

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Elisabeth Chapman Montell

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept Twenty eighth 1875
4. Place of Birth (Street and Number)	40 McCulloh St
5. Full Name of Mother	Nellen Chase Montell
6. Mother's Maiden Name	Chapman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edwin E. Montell
9 Father's Occupation	Coal Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias le Price MD
Address	262 Madison avenue
Remarks	

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

14252

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 26th 1875
4. Place of Birth (Street and Number)	391 Franklin St
5. Full Name of Mother	Mary Jane Jones
6. Mother's Maiden Name	Shipley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard S. Jones
9 Father's Occupation	Driver Express (Adams)
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M. D.
Address	262 Madison Ave
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 28th 1875
4. Place of Birth (Street and Number)	221 N Carey St
5. Full Name of Mother	Ida Simmonds
6. Mother's Maiden Name	Baker
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Herman Simmonds
9 Father's Occupation	Merchant
10. Father's Birthplace	New Orleans
Name of Medical Attendant, or other Person who makes this Return,	Elias C Price M D.
Address	262 Madison Av
Remarks	

Duties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1112511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 5th 1875
4. Place of Birth (Street and Number)	150 W Townsend St
5. Full Name of Mother	Frances Ann Brown Gallehen
6. Mother's Maiden Name	Brown
7. Mother's Birthplace	Alexandria Va
8. Full Name of Father	Thomas L Gallehen
9. Father's Occupation	Music Teacher
10. Father's Birthplace	London Eng
Name of Medical Attendant, or other Person who makes this Return.	Elias L Price M.D.
Address	262 Madison St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14255

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth Aug 26th 1875
4. Place of Birth (Street and Number) 179 Henrietta St
5. Full Name of Mother Sarah C. Whiting
6. Mother's Maiden Name Sarah C. Harsh
7. Mother's Birthplace Virginia
8. Full Name of Father Wm Whiting
9. Father's Occupation Drayman.
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146. Hanover St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 29th 1875
4. Place of Birth (Street and Number)	406 N Eden St
5. Full Name of Mother	Mary Eleanor Simmons
6. Mother's Maiden Name	Weigdon
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard Lewis William Simmons
9 Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias b Price M.D.
Address	262 Madison Av
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

111257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 5th 1875
4. Place of Birth (Street and Number)	405 Franklin St
5. Full Name of Mother	Mary Wilderman
6. Mother's Maiden Name	Moore
7. Mother's Birthplace	England
8. Full Name of Father	William C Wilderman
9 Father's Occupation	Sail Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	262 Madison St
Remarks	

RETURN OF A BIRTH.

11255

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 25th 1875
4. Place of Birth (Street and Number)	39 S. Fulton St
5. Full Name of Mother	Coria Irine Weishampel
6. Mother's Maiden Name	Richards
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Benj F Weishampel
9 Father's Occupation	Shirt Master
10. Father's Birthplace	Penna
Name of Medical Attendant, or other Person who makes this Return.	Elias E. Price M. D.
Address	262 Madison Ave.
Remarks	Owing to the great distance Dr John W. White kindly officiated until I arrived

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14259

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth 8th Jany 1876
4. Place of Birth (Street and Number) 73 Pa Ave
5. Full Name of Mother Mary Ann Heisler
6. Mother's Maiden Name Mary Ann Harford
7. Mother's Birthplace Balto City
8. Full Name of Father Wm. Heisler
9. Father's Occupation House Carpenter
10. Father's Birthplace S Chy Kill, Pa

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M. D.

Address 234 W. Biddle St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14260

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	9th Jan. 1876
4. Place of Birth (Street and Number)	267 Cross St.
5. Full Name of Mother	Maggie Molesworth
6. Mother's Maiden Name	Reinhart
7. Mother's Birthplace	Fred'k Co, Md
8. Full Name of Father	John Molesworth
9. Father's Occupation	Fireman B. & O R.R.
10. Father's Birthplace	Fred'k Co. Md
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	274 Hollins St.
Remarks	very fine Child

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 12th 1876
4. Place of Birth (Street and Number) Linden Av.
5. Full Name of Mother Alzina E. Bigelow
6. Mother's Maiden Name Alzina E. Jenkins
7. Mother's Birthplace Nantucket Mass
8. Full Name of Father Edmund D. Bigelow
9. ~~Father's~~ Occupation Ship Broker
10. Father's Birthplace Sherborn Mass

Name of Medical Attendant, or other Person who makes this Return. Jos: Lloyd Martin M.D.

Address No 38 Mt. Vernon Place

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

14262

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 24th 1876
4. *Place of Birth (Street and Number)* 218 Montgomery st
5. *Full Name of Mother* Mary E. Knight
6. *Mother's Maiden Name* Mary E. Whiten
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Jos. A. Knight
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. by Rexford Cook M.D.

Address 146 Hanover st

Remarks

14263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 28th 1876
4. Place of Birth (Street and Number) 186 Hill St
5. Full Name of Mother Emma A. Philips
6. Mother's Maiden Name Emma A. Shellinger
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo. L. Philips
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Corte M.D.

Address 146 Hanover St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14264

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 29th 1876
4. Place of Birth (Street and Number)	64 S Sharp St
5. Full Name of Mother	Mary A East
6. Mother's Maiden Name	Mary A. King
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry East
9. Father's Occupation	Milkman
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 30th 1876
4. Place of Birth (Street and Number) 224 Light St
5. Full Name of Mother Cordelia Bateman
6. Mother's Maiden Name Cordelia Leonard
7. Mother's Birthplace Baltimore
8. Full Name of Father Saml B. Bateman
9. Father's Occupation Brick Maker
10. Father's Birthplace North Carolina

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address 146. Hanover St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14266

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 3rd 1877
4. Place of Birth (Street and Number)	26 N. Charles St
5. Full Name of Mother	Jane A. ~~Ingersoll~~ Reynolds
6. Mother's Maiden Name	Jane A. Somerville
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm B. Reynolds
9. Father's Occupation	Tinner
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Thurlow Bowles M.D.
Address	146 W. Saratoga St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11267

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth February 2nd 1877

4. Place of Birth (Street and Number) 269 Light St.

5. Full Name of Mother Virginia Downing

6. Mother's Maiden Name Virginia Stone

7. Mother's Birthplace Baltimore

8. Full Name of Father Jerry Downing

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thirston Cook M.D.

Address 146. Hanover St

Remarks

RETURN OF A BIRTH.

11265

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 5th 1876

4. Place of Birth (Street and Number) 518 Pa Ave

5. Full Name of Mother — — —

6. Mother's Maiden Name — — —

7. Mother's Birthplace Va

8. Full Name of Father H. M. Wyatt

9. Father's Occupation Steward on Steamer

10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M. D.

Address 234 W. Biddle st

Remarks

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14269

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 6th 1876

4. Place of Birth (Street and Number) ~~10~~ 8 Oregon St

5. Full Name of Mother — — —

6. Mother's Maiden Name — — —

7. Mother's Birthplace Balt

8. Full Name of Father John Eberhart

9. Father's Occupation Brickmaker

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M. D

Address 234 W. Biddle St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11-270

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 7th 1876
4. Place of Birth (Street and Number)	83 Stockton St
5. Full Name of Mother	Catherine Leidner
6. Mother's Maiden Name	Lackenaer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Gottlieb Leidner
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M. D.
Address	262 Madison Ave
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14271

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 7th 1876
4. Place of Birth (Street and Number) 642 Light St
5. Full Name of Mother Elizabeth Klein
6. Mother's Maiden Name Elizabeth Gies
7. Mother's Birthplace Germany
8. Full Name of Father Henry A. Klein
9. Father's Occupation Milkman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146. Hanover St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

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14272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth ~~281 Hanover St~~ July 16th 1876
4. Place of Birth (Street and Number) 281 Hanover St
5. Full Name of Mother Ella Dowell
6. Mother's Maiden Name Ella Dinsmore
7. Mother's Birthplace Maryland
8. Full Name of Father Geo. M. Dowell
9. Father's Occupation Clerk
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146 Hanover St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

112773

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 16th 1876.

4. Place of Birth (Street and Number) N. E. Cor Warren Ave & Johnson St

5. Full Name of Mother

6. Mother's Maiden Name Warner

7. Mother's Birthplace Balt

8. Full Name of Father John Knight

9. Father's Occupation House Carpenter

10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M. D.

Address 234 W. Biddle St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1129/11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 4th 1876
4. Place of Birth (Street and Number)	31 Hanover
5. Full Name of Mother	Johanna Snyder
6. Mother's Maiden Name	Johanna Jones
7. Mother's Birthplace	Maryland
8. Full Name of Father	C. W. Snyder
9. Father's Occupation	Flat
10. Father's Birthplace	Delaware
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14275

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 20th 1876
4. Place of Birth (Street and Number) 102 Fort St
5. Full Name of Mother Elizabeth Howser
6. Mother's Maiden Name Elizabeth Spicer
7. Mother's Birthplace England
8. Full Name of Father James Howser
9. Father's Occupation Brick Maker
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address 146 Hanover St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14276

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 24th 1877
4. Place of Birth (Street and Number)	36 Covington St
5. Full Name of Mother	Catharine Bowes
6. Mother's Maiden Name	Catharine Riggins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Barnes
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Washington
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Chi
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 27th 1876 ~~117 Hamburg St~~
4. Place of Birth (Street and Number)	117 Hamburg St
5. Full Name of Mother	Hannah J. Cook
6. Mother's Maiden Name	Hannah J. Fletcher
7. Mother's Birthplace	Virginia
8. Full Name of Father	Eugene P. Cook
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sherlock Cook M.D.
Address	146 Harrow St
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14278

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	27 Feb. 1876.
4. Place of Birth (Street and Number)	248 Hollins St.
5. Full Name of Mother	Florence Dash
6. Mother's Maiden Name	Knight W
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Wm. Dash
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	274 Hollins St.
Remarks	Very large, fine Child

Rec'd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

111279

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 28th 1876
4. Place of Birth (Street and Number)	302 Sharp St
5. Full Name of Mother	Agnes Matchinsky
6. Mother's Maiden Name	Agnes Krampf
7. Mother's Birthplace	Phyladelphia
8. Full Name of Father	Jesse Matchinsky
9. Father's Occupation	Glass Blower
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

RETURN OF A BIRTH.

14280.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th 1877
4. Place of Birth (Street and Number)	417 Hamburg St
5. Full Name of Mother	Susan McDonald
6. Mother's Maiden Name	Susan Dickerson
7. Mother's Birthplace	Virginia
8. Full Name of Father	Alexander McDonald
9. Father's Occupation	Drayman
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return	Thos. Ford Cook M. D.
Address	146 Hanover St
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111281

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5th 1876
4. Place of Birth (Street and Number)	28 S Wagner St
5. Full Name of Mother	Susan A Schenck
6. Mother's Maiden Name	Susan A Kisten
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Schenck
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14282

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 6th 1876
4. Place of Birth (Street and Number) 169 West St
5. Full Name of Mother Ellen Kelly
6. Mother's Maiden Name Ellen Clabby
7. Mother's Birthplace Ireland
8. Full Name of Father Wm Kelly
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address 146 - Hanover St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

111283

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 12th 1876
4. Place of Birth (Street and Number)	352 W Lombard St
5. Full Name of Mother	Harriet Thomas
6. Mother's Maiden Name	Cowman
7. Mother's Birthplace	Alexandria Va
8. Full Name of Father	Richard P Thomas
9 Father's Occupation	Clerk
10. Father's Birthplace	Mongomery Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Eliat C. Price M.D.
Address	262 Madison Av
Remarks	

142811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 16th 1876 ~~108 Williams St~~
4. Place of Birth (Street and Number) 108 Williams St
5. Full Name of Mother Laura J Beachamp
6. Mother's Maiden Name Laura J. Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert H Beachamp
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address 146 Hanover St

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child, or children.

14285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 17th 1876
4. Place of Birth (Street and Number) 106 Hamburg st
5. Full Name of Mother Maria Dolan
6. Mother's Maiden Name Maria Reynolds
7. Mother's Birthplace Ireland
8. Full Name of Father James Dolan
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146 Hanover St

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14286

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th 1876
4. Place of Birth (Street and Number)	243 Montgomery St
5. Full Name of Mother	Elizabeth Hanna
6. Mother's Maiden Name	Elizabeth Kreider
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Hanna
9. Father's Occupation	Varnisher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11289

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 2 1876
4. Place of Birth (Street and Number)	E Henry bet St
5. Full Name of Mother	Emma C. Stone
6. Mother's Maiden Name	Emma C. Forrester
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Peter Stone
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Coote M.D.
Address	146 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11288

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 22nd 1876
4. Place of Birth (Street and Number)	84 Newkirk st
5. Full Name of Mother	Eleanora Journey
6. Mother's Maiden Name	Eleanora Berger
7. Mother's Birthplace	Saxe Mo
8. Full Name of Father	Oscar D. Journey
9. Father's Occupation	Shoe Factory
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Thomas Coote M.D.
Address	146 Hanover st
Remarks	

RETURN OF A BIRTH.

11219

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24th 1876
4. Place of Birth (Street and Number)	S.E. Cor Saratoga & Green Sts
5. Full Name of Mother	Laura E. Handey
6. Mother's Maiden Name	Dorsey
7. Mother's Birthplace	Frederick Co Md
8. Full Name of Father	H E Handey
9. Father's Occupation	Dentist
10. Father's Birthplace	Howard Co Md
Name of Medical Attendant, or other Person who makes this Return.	Elias E Price M.D.
Address	262 Madison St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

~~10940~~
14290

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 30th 1876
4. Place of Birth (Street and Number)	246 Lee St
5. Full Name of Mother	Mary E. Wheatley
6. Mother's Maiden Name	Mary E Abbott
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thos E. Wheatley
9. Father's Occupation	Engr Fire department
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 W Hamburg St
Remarks	

reel Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11291

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 3rd 1876
4. Place of Birth (Street and Number)	112 Hanover St
5. Full Name of Mother	Virginia Gallagher
6. Mother's Maiden Name	Virginia Eckert
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Wm O Gallagher
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cottle M D
Address	146 Hanover St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14292

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 5th 1877
4. Place of Birth (Street and Number)	46 Fort St
5. Full Name of Mother	Laura A. E. Hardesty
6. Mother's Maiden Name	Laura A. E. Howard
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jas W. Hardesty
9. Father's Occupation	Carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

RETURN OF A BIRTH.

14292

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th 1876
4. Place of Birth (Street and Number)	107 Leadenhall St
5. Full Name of Mother	Margaret A. Adams
6. Mother's Maiden Name	Margaret A. Trumble
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Benj. F. Adams
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Balto, Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook MD
Address	146 Hanover St
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

142 94

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 9th 1876
4. Place of Birth (Street and Number) 144 Washington Place
5. Full Name of Mother Lucia Houghton Coy
6. Mother's Maiden Name Lucia Houghton Bates
7. Mother's Birthplace Barre Mass.
8. Full Name of Father Byron F. Coy
9. Father's Occupation Dentist
10. Father's Birthplace Charlestown Maine

Name of Medical Attendant, or other Person who makes this Return. Jos: Lloyd Martin M.D.

Address 38 Mt. Vernon Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14295

RETURN OF A BIRTH.

HEALTH DEPARTMENT
DEC
29
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	14th April 1876.
4. Place of Birth (Street and Number)	37 McHenry
5. Full Name of Mother	Alice W. Enos
6. Mother's Maiden Name	Dr Shazo
7. Mother's Birthplace	Richmond, Va
8. Full Name of Father	Newton H. Enos
9. Father's Occupation	Carpenter
10. Father's Birthplace	Newcastle Co., Del
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	274 Hollins St.
Remarks	Fine child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	April 15th 1876
4. Place of Birth (Street and Number)	214 West St
5. Full Name of Mother	Susan R. Henry
6. Mother's Maiden Name	Susan R. Elbert
7. Mother's Birthplace	Maryland
8. Full Name of Father	Dr. A. Henry
9. Father's Occupation	Dragman
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook Jr. M.D.
Address	146 Hanover
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14297

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 16th 1876
4. Place of Birth (Street and Number)	Fort & Bond sts
5. Full Name of Mother	Margaret Dyer
6. Mother's Maiden Name	Margaret Cassidy
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Dyer
9. Father's Occupation	Laborer
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Theodore Gott & Md
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 18th 1876
4. Place of Birth (Street and Number) 22 Clement St
5. Full Name of Mother Elizabeth C. Woods
6. Mother's Maiden Name Elizabeth C. Downs
7. Mother's Birthplace Baltimore
8. Full Name of Father James H. Woods
9. Father's Occupation Letter Carrier
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook, M.D.

Address 146 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	23d April 76.
4. Place of Birth (Street and Number)	117 N. Strieker
5. Full Name of Mother	Maria Thompson Riley
6. Mother's Maiden Name	Lewis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Hill Riley
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	274 Hollins St.
Remarks	Large, well formed Child

RETURN OF A BIRTH.

11300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 th Jn. 1876
4. Place of Birth (Street and Number)	436 Lombard Near
5. Full Name of Mother	Maggie Young Purdy
6. Mother's Maiden Name	Wilson.
7. Mother's Birthplace	Balt.
8. Full Name of Father	George Richard Purdy
9. Father's Occupation	Railroad man
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	John L Hood, M.D.
Address	274 Hollins st.
Remarks	Fine, vigorous, little child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth April 27th 1876
4. Place of Birth (Street and Number) 194 Hennetta St
5. Full Name of Mother Annie Tolson
6. Mother's Maiden Name Annie Nicholson
7. Mother's Birthplace Baltimore
8. Full Name of Father Perry Tolson
9. Father's Occupation Barber
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address 146 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14302

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 3rd 1876
4. *Place of Birth (Street and Number)* 63 Warner st
5. *Full Name of Mother* Sarah E. Jackson
6. *Mother's Maiden Name* Sarah E. Keene
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Robert M. Jackson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.

Address 146 Hanover St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114303

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female).	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	May 4th 1876
4. Place of Birth (Street and Number)	27 China st
5. Full Name of Mother	Martha Chapman
6. Mother's Maiden Name	Martha Fisher
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm Chapman
9. Father's Occupation	Laborer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke M.D.
Address	146 Hanover st
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 5th 1876
4. Place of Birth (Street and Number)	229 George St
5. Full Name of Mother	Eleanor Hammett
6. Mother's Maiden Name	Creeger
7. Mother's Birthplace	Frederick Co Md
8. Full Name of Father	David C Hammett
9 Father's Occupation	Salesman
10. Father's Birthplace	Frederick Co Md
Name of Medical Attendant, or other Person who makes this Return.	Eliot C. Price M.D.
Address	267 Madison Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114305

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6th 1876
4. Place of Birth (Street and Number)	172 S Green St
5. Full Name of Mother	Mary E. Jones
6. Mother's Maiden Name	Mary E. Brogan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo. W. Jones
9. Father's Occupation	Laborer
10. Father's Birthplace	Virginia.
Name of Medical Attendant, or other Person who makes this Return	Theodore Brooke M.D.
Address	146 Hanover St
Remarks	

RETURN OF A BIRTH.

11-316

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6th 1876
4. Place of Birth (Street and Number)	58 York St
5. Full Name of Mother	Margaret Miller
6. Mother's Maiden Name	Margaret Wilson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Miller
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	46 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

14307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd (2d)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 2nd 1877
4. *Place of Birth (Street and Number)* 388 S. Eutaw St
5. *Full Name of Mother* Elizabeth Brooks
6. *Mother's Maiden Name* Elizabeth McC. Carter
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Jesse H. Brooks
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Thos. H. Corse M.D.

Address 146 Hanover St

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 26th 1876
4. Place of Birth (Street and Number)	163 E Hughes
5. Full Name of Mother	Mary Whalen
6. Mother's Maiden Name	Mary O'Connor
7. Mother's Birthplace	Balt.
8. Full Name of Father	Thos Whalen
9. Father's Occupation	Fireman
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14309

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	26 May 1876
4. Place of Birth (Street and Number)	248 Hollins St.
5. Full Name of Mother	Mary Amelia Sauk
6. Mother's Maiden Name	Knight
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Wesley Sauk
9. Father's Occupation	Stove Mounter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	274 Hollins St.
Remarks	Fine baby, except a small depot in the development of right parietal & occipital bones.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14310

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth ~~8 Fort St~~ May 27th 1876

4. Place of Birth (Street and Number) 8 Fort St

5. Full Name of Mother Bertha Feldman

6. Mother's Maiden Name Bertha Fleisher

7. Mother's Birthplace Germany

8. Full Name of Father Charles Fleisher

9. Father's Occupation

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M D.

Address 146 Hanover St

Remarks

To Secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18
11311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
30
1877
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Color Black
3. Date of Birth	June the 4th 1876
4. Place of Birth (Street and Number)	72 Chesnut Alley
5. Full Name of Mother	Anna Hall
6. Mother's Maiden Name	not Known
7. Mother's Birthplace	not Known
8. Full Name of Father	James Hall
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Ann Gibson
Address	S. Eutaw St
Remarks	

RETURN OF A BIRTH.

11312

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	6 June 76.
4. Place of Birth (Street and Number)	Lexington St. extended
5. Full Name of Mother	Sarah Elizabeth Frazier
6. Mother's Maiden Name	West
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm. Frederick Brice
9. Father's Occupation	Stock agent
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	John Howard M.D.
Address	174 Hollins St
Remarks	Case of Spina Bifida

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16 1877
4. Place of Birth (Street and Number)	238 Lee Street
5. Full Name of Mother	Sarah E. Kirkwood
6. Mother's Maiden Name	Sarah E. Adams
7. Mother's Birthplace	Washington
8. Full Name of Father	Jacob F. Kirkwood
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thurdon Cook M.D.
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
29
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13th
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	22d June 76
4. Place of Birth (Street and Number)	16 Vincent St
5. Full Name of Mother	Nellen Walls
6. Mother's Maiden Name	Cooke
7. Mother's Birthplace	Fred'k. Co. Md 11
8. Full Name of Father	Benjamin Franklin Walls
9. Father's Occupation	Painter
10. Father's Birthplace	Kentucky
Name of Medical Attendant, or other Person who makes this Return.	John L. Hook M.D.
Address	274 Hollins St
Remarks	Small, delicate Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 25th 1876
4. Place of Birth (Street and Number) 245 Nelson St
5. Full Name of Mother Laura A. Cresswell
6. Mother's Maiden Name Laura A. Cresswell
7. Mother's Birthplace Harford Co. Md
8. Full Name of Father Perry F. Cresswell
9. Father's Occupation Rail Roads
10. Father's Birthplace Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address 146. Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11-316

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 12th 1876
4. Place of Birth (Street and Number)	224 Eight St
5. Full Name of Mother	Virginia C. Staudle
6. Mother's Maiden Name	Virginia C. Bateman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	G. F. Staudle
9. Father's Occupation	Confectioner
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Thomas Cook M.D.
Address	146 - Hanover St
Remarks	

111317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 12th 1876
4. Place of Birth (Street and Number)	570 Light St
5. Full Name of Mother	Matilda Hazett
6. Mother's Maiden Name	Matilda Block
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Hazett
9. Father's Occupation	Diver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

HEALTH DEPT MAR 3 1877 BALTIMORE

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11318

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 July — 12 — 15 P. M.
4. *Place of Birth (Street and Number)* 78 Penna St
5. *Full Name of Mother* Mary Ann Christina Henseler
6. *Mother's Maiden Name* — — — —
7. *Mother's Birthplace* Germany
8. *Fuil Name of Father* Arthur Henseler
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M. D.

Address 234 N. Bridge St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11-319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* July 26th 1876

4. *Place of Birth (Street and Number)* 42 Goucher

5. *Full Name of Mother* Julia Gale

6. *Mother's Maiden Name* Julia Speddon

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* Jas. A. Gale

9. *Father's Occupation* Expressman

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Sherdon Cook M.D.

Address 146. Harrison St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 2nd 1876
4. Place of Birth (Street and Number)	37 Eutaw St
5. Full Name of Mother	Elizabeth A. Bell
6. Mother's Maiden Name	Elizabeth A. ~~Fischer~~ Baltimore
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Anthony Bear
9. Father's Occupation	Wagoner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	46 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	~~6th August, 1876~~
3. Date of Birth	6th. August 1876
4. Place of Birth (Street and Number)	25 S. Fulton St
5. Full Name of Mother	Caroline Carroll Costee
6. Mother's Maiden Name	Kraft
7. Mother's Birthplace	
8. Full Name of Father	James H Costee
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Calvert Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	274 Hollins St.
Remarks	Fine, well developed child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11.392

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 11th 1876
4. *Place of Birth (Street and Number)* 224 W. Biddle st
5. *Full Name of Mother* — —
6. *Mother's Maiden Name* — —
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John A. Schwatka
9. *Father's Occupation* Stone Mason
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M. D.

Address 234 W. Biddle st

Remarks

14323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 13th 1876

4. Place of Birth (Street and Number) 259 Sharp St

5. Full Name of Mother Teresa Gallagher

6. Mother's Maiden Name Teresa Grinder

7. Mother's Birthplace ~~Jno T Gallagher~~ Baltimore

8. Full Name of Father Jno T Gallagher

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11321

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
28
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 15th 1876
4. Place of Birth (Street and Number) Pattison Ave
5. Full Name of Mother Berta Hughes
6. Mother's Maiden Name Berta Thurburn
7. Mother's Birthplace Va
8. Full Name of Father Thomas Hughes
9. Father's Occupation Lawyer
10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M.D.

Address 234 W. Biddle St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11325

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 9th 1876
4. Place of Birth (Street and Number)	124 Hamburg St
5. Full Name of Mother	Sarah Hudson
6. Mother's Maiden Name	Sarah Abbott
7. Mother's Birthplace	Maryland
8. Full Name of Father	Edwin H. Hudson
9. Father's Occupation	Barber Maker
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146. Hanover St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11326

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 20th 1876
4. Place of Birth (Street and Number)	162 Warner St
5. Full Name of Mother	Felizdas Borner
6. Mother's Maiden Name	Felizdas Sirline
7. Mother's Birthplace	Germany
8. Full Name of Father	Andrew Borner
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Leo M.D.
Address	146. Hanover St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11-327

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 21st 1876
4. Place of Birth (Street and Number)	16 E Chase
5. Full Name of Mother	Jane Groton
6. Mother's Maiden Name	Jane Henderson
7. Mother's Birthplace	Maryland
8. Full Name of Father	Robt Groton
9. Father's Occupation	Lighterman on Steamboat
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D.
Address	146 Hanover St
Remarks	

14328

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 23rd 1876
4. Place of Birth (Street and Number) Washington Road
5. Full Name of Mother Ida A Peterson
6. Mother's Maiden Name Ida A Waltemeyer
7. Mother's Birthplace Balto Co
8. Full Name of Father Jno [illegible] Peterson
9. Father's Occupation Glass Packer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146. Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth September 5th

4. Place of Birth (Street and Number) Park Ave 224.

5. Full Name of Mother Mary Jones.

6. Mother's Maiden Name Mary Miller

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Jones,

9 Father's Occupation Cooper.

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. M. A. Davenport.

Address 25 E. Eagle St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 8th 1876
4. Place of Birth (Street and Number) 465 Franklin St
5. Full Name of Mother Emma Virginia Marriott
6. Mother's Maiden Name Emma Virginia Rusdrick
7. Mother's Birthplace Sharpsburg, Md
8. Full Name of Father Joshua Andrew Marriott
9. Father's Occupation
10. Father's Birthplace Elliott City, Md

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M. D

Address 234 W. Bridge St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14331

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 9th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) American, White
3. Date of Birth Sept 16th 2 P.M.
4. Place of Birth (Street and Number) Balto. Madison St 350
5. Full Name of Mother Adeline Garry
6. Mother's Maiden Name Frampton
7. Mother's Birthplace Talbot Co Md.
8. Full Name of Father Nathan G Garry
9. Father's Occupation Machinist
10. Father's Birthplace Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Sophia Lines

Address 135 Chestnut St Balto Md

Remarks

Fine Healthy Child

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Septr 21st 1876
4. Place of Birth (Street and Number)	357 Melbourn st
5. Full Name of Mother	Delia Blandford
6. Mother's Maiden Name	Delia Wells
7. Mother's Birthplace	Maryland
8. Full Name of Father	W. H. Blandford
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	Thos Bond Clark M.D.
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	27 September [illegible]
4. Place of Birth (Street and Number)	No. 3 S. Stricker
5. Full Name of Mother	Mamie Cassin
6. Mother's Maiden Name	Martin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. McKendle [illegible]
9. Father's Occupation	Clark
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hood M.D.
Address	274 Hollins [illegible]
Remarks	Fine, healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11.3.11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1911 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 1st 1911
4. Place of Birth (Street and Number)	No 14 Orleans st
5. Full Name of Mother	Maggie Bachman
6. Mother's Maiden Name	Maggie Lahcomb
7. Mother's Birthplace	Germany
8. Full Name of Father	August Bachman
9. Father's Occupation	Clerk
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dena Killgoist
Address	No 182 E Monument st
Remarks	

14335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colord

3. Date of Birth Sunday first of oter

4. Place of Birth (Street and Number) Lexington street 21

5. Full Name of Mother Swing read

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Sant Marys Court

8. Full Name of Father Willin Miller

9. Father's Occupation A Sailer

10. Father's Birthplace Yark sid ~~[illegible]~~

Name of Medical Attendant, or other Person who makes this Return. Elon Stubs 42 Shark

Address Street [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	1st October 1876.
4. Place of Birth (Street and Number)	4 Lombard St.
5. Full Name of Mother	Minna Frankeny
6. Mother's Maiden Name	Schultz
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Frankeny
9. Father's Occupation	Oyster
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Baxter
Address	126 Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 4 October 1876
4. *Place of Birth (Street and Number)* 33 Albemarle St
5. *Full Name of Mother* Adolphine Spencer Bryant
6. *Mother's Maiden Name*
7. *Mother's Birthplace* United States of America
8. *Full Name of Father* George Spencer
9. *Father's Occupation* Printer
10. *Father's Birthplace* United States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 526 Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14338

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 1876
4. Place of Birth (Street and Number) 3 Stockholm st
5. Full Name of Mother Anne R Vermillion
6. Mother's Maiden Name Anne R Dolphin
7. Mother's Birthplace Maryland
8. Full Name of Father Benj L. Vermillion
9. Father's Occupation Fireman
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.

Address 146 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 1st 1876
4. Place of Birth (Street and Number)	212 South Broadway
5. Full Name of Mother	Adeline Swartz
6. Mother's Maiden Name	" Delene
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Harry M. Swartz
9. Father's Occupation	Merchant
10. Father's Birthplace	New York City
Name of Medical Attendant, or other Person who makes this Return.	Thomas Sappington M.D.
Address	70 Centre St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14340

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) seventh (7th)

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 1st 1876
4. *Place of Birth (Street and Number)* 112 S. Duncan Alley
5. *Full Name of Mother* Margareth Connor
6. *Mother's Maiden Name* " / Noon
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Connor
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. P. G. Dauschmd.

Address 27 N. Broadway

Remarks

No 115

14341

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6 te

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Oktober 1. 1876
4. Place of Birth (Street and Number) Oliansstr No 371
5. Full Name of Mother Mari Beck
6. Mother's Maiden Name Mari Wolf
7. Mother's Birthplace Keppendorf Hessen Darmstadt
8. Full Name of Father Anton Beck
9. Father's Occupation Peter
10. Father's Birthplace Rottenburg Wittenberg

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach.

Address South Wolf str No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114312

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 1st 1876
4. Place of Birth (Street and Number)	No 60 Dallis st.
5. Full Name of Mother	Sarah Lynch
6. Mother's Maiden Name	Sarah Holland
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm Lynch
9. Father's Occupation	Coach Smith
10. Father's Birthplace	Pensilvania
Name of Medical Attendant, or other Person who makes this Return.	Hen. M. S. Bull.
Address	No. 181 N. Central Avenue near Monument St.
Remarks	Well. Well.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114313

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Blk.
3. Date of Birth	Oct. 1. 76.
4. Place of Birth (Street and Number)	149 Pierce
5. Full Name of Mother	Mary Jasnell
6. Mother's Maiden Name	Hunter
7. Mother's Birthplace	Suffolk Va
8. Full Name of Father	Edward Jasnell
9. Father's Occupation	Drayman
10. Father's Birthplace	Petersburg Va
Name of Medical Attendant, or other Person who makes this Return.	Louis M. Eastman
Address	149 Lexington
Remarks	

HEALTH DEPARTMENT OCT 5 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1143411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	October 14th 1876
4. Place of Birth (Street and Number)	110 N. Schroeder St.
5. Full Name of Mother	Margaret E. Lathorne
6. Mother's Maiden Name	Margaret E Dumas.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. R. Lathorne
9. Father's Occupation	Carpenter
10. Father's Birthplace	Charlestown W. Va
Name of Medical Attendant, or other Person who makes this Return.	Jane Winneberger
Address	23 N. Liberty St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114345

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 1st 1896
4. Place of Birth (Street and Number)	191 N Lombard St
5. Full Name of Mother	Mattie McNeal
6. Mother's Maiden Name	Mattie James
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Chas R McNeal
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Saml A Conley MD
Address	No 29 Lexington St
Remarks	

14316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 5
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether Male ~~or Female~~).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 1th 1876.
4. *Place of Birth (Street and Number)* Duncan. Alley. No. 44.
5. *Full Name of Mother* Karolina Holz
6. *Mother's Maiden Name* Karolina Eckhardt
7. *Mother's Birthplace* Okarben. Gr. Hessen. Germany
8. *Full Name of Father* Georg. Holz.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Keller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14347

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth first Off October

4. Place of Birth (Street and Number) fort St No 07

5. Full Name of Mother sarh [illegible] jain morison

6. Mother's Maiden Name sarh [illegible] jain lastcome

7. Mother's Birthplace Baltimore fort St

8. Full Name of Father William morison

9. Father's Occupation A sailor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Cilestine Conway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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12315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One (1st)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 1st 1876
4. Place of Birth (Street and Number)	80 Druid Hill Avenue
5. Full Name of Mother	Sarah Elizabeth Smith
6. Mother's Maiden Name	" " Barker
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Francis A. Smith
9. Father's Occupation	Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dunbar
Address	66 Shorb
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14349

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st of October
4. Place of Birth (Street and Number)	158 N. Wolfe, Ter.
5. Full Name of Mother	Winnifred, Raborg
6. Mother's Maiden Name	Winnifred, Conry
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James S. H. Raborg
9. Father's Occupation	Canmaker, and Capeu
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Farr
Address	
Remarks	James S. H. Raborg

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 13 1876 BALTIMORE

No. of Child of Mother (~~state whether 1st~~, 2d, ~~3d, &c.~~) Second

1. Sex (state whether ~~Male or Female~~) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct: 1st: 1876
4. Place of Birth (Street and Number) 51 N. Gilmor Street
5. Full Name of Mother Rebecca B. Colbert
6. Mother's Maiden Name Rebecca Ball
7. Mother's Birthplace Baltimore
8. Full Name of Father Vaughn Smith Colbert
9. Father's Occupation Pork Merchant
10. Father's Birthplace E. Shore Maryland

Name of Medical Attendant, or other Person who makes this Return. H. T. C. Wilson Jr. M. D.

Address 146 Park Av:

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 1st 1876.
4. Place of Birth (Street and Number)	529 W. Baltimore St.
5. Full Name of Mother	H. Harrison
6. Mother's Maiden Name	H. Simons
7. Mother's Birthplace	Poland
8. Full Name of Father	Jacob Harrison
9. Father's Occupation	Dealer in Queensware
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56. Pearl Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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14352

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Octr. 1st. 1876

4. Place of Birth (Street and Number) No. 124 St. Paul St.

5. Full Name of Mother Annie Johnson Poe

6. Mother's Maiden Name Annie Hough

7. Mother's Birthplace Balto.

8. Full Name of Father Jno. P. Poe

9. Father's Occupation Barrister

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Christopher Johnston M.D

Address

Remarks No. 82 Franklin St.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114353

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child,

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* the 2 of October, 1876,
4. *Place of Birth (Street and Number)* No 3 Walnut alley,
5. *Full Name of Mother* Mary Teresa Christ,
6. *Mother's Maiden Name* Mary Theresia Reese,
7. *Mother's Birthplace* in Baltimore,
8. *Full Name of Father* John Christ,
9. *Father's Occupation* a Baker maker,
10. *Father's Birthplace* in Baltimore,

Name of Medical Attendant, or other Person who makes this Return. Mistress Theresa Engelsinger,

Address No 14 Marion st,

Remarks

14331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	2nd October 1876
4. Place of Birth (Street and Number)	158 Lombard St.
5. Full Name of Mother	Clementa L. Schmidt
6. Mother's Maiden Name	
7. Mother's Birthplace	United States of America
8. Full Name of Father	John F. Schmidt
9. Father's Occupation	Lock-smith
10. Father's Birthplace	United States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	526 E. Lombard St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14355

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 2nd 1876
4. Place of Birth (Street and Number)	254 E Pratt st
5. Full Name of Mother	Helen von der Heide
6. Mother's Maiden Name	Hellen Ellenbruck
7. Mother's Birthplace	Germany
8. Full Name of Father	Arnold von der Heide
9. Father's Occupation	Driver
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank st.
Remarks	

14356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct. 2d 1876
4. Place of Birth (Street and Number)	No 31 Flatfoot Alley
5. Full Name of Mother	Anna Elizabeth Ulrich Shellhause
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Hattman Ulrich
9. Father's Occupation	Coal heaver
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Burkmann
Address	120 Bank str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11357

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2 October
4. Place of Birth (Street and Number)	113 Eden St
5. Full Name of Mother	Elizabeth Dean
6. Mother's Maiden Name	Devlin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Dean
9. Father's Occupation	Driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrissmer
Address	No 19 Forrest Place
Remarks	

14358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	~~Female~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 2
4. Place of Birth (Street and Number)	52 Orleans St
5. Full Name of Mother	Mary Tye
6. Mother's Maiden Name	Delany
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Tye
9. Father's Occupation	Store keeper
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T. Chrismer
Address	No 19 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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11359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October 2. 1896
4. *Place of Birth (Street and Number)* 46 Orchard Street
5. *Full Name of Mother* Rebeca Dorsey
6. *Mother's Maiden Name* Rebeca Blackson
7. *Mother's Birthplace* Annapolis Md. D.
8. *Full Name of Father* George W. Dorsey
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace* Annapolis Md. D.

Name of Medical Attendant, or other Person who makes this Return. Hester B. Mary Doctress

Address 18 85 Orchard Street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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111360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October 2 1896
4. *Place of Birth (Street and Number)* Camel Alley
5. *Full Name of Mother* Emma Richardt
6. *Mother's Maiden Name* Annie Nicholas
7. *Mother's Birthplace* Easton Talbot Co. Md.
8. *Full Name of Father* Wm Thornton Richardt
9. *Father's Occupation* Wood Carter
10. *Father's Birthplace* Easton Talbot Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Chester Bosley Doctor

Address No 75 Orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11361

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 2d 1876
4. Place of Birth (Street and Number)	688 W Baltimore St.
5. Full Name of Mother	Mrs Mary E. Renner
6. Mother's Maiden Name	Mary E. Shirey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo C. Renner
9. Father's Occupation	Clerk in Grain
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lindner
Address	No 45 Monroe St.
Remarks	

Record of Vital Statistics in the City of Baltimore.

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14362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 21 Oct 1876
4. Place of Birth (Street and Number) 156 N. Bethel St.
5. Full Name of Mother Sarah Lehmann
6. Mother's Maiden Name Douglass
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Lehmann
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gertraut Miller

Address 151 E. Pratt St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 11363

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 2 96.
4. Place of Birth (Street and Number)	190 W Pratt
5. Full Name of Mother	Sarah Conant Fairbanks
6. Mother's Maiden Name	Clements
7. Mother's Birthplace	Balto.
8. Full Name of Father	Geo. Washton Fairbanks
9. Father's Occupation	Pattern Maker
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Louis W Eschmann
Address	849 Lexington st
Remarks	

HEALTH DEPARTMENT OCT 3 1896 BALTIMORE

Extract from Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114364

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 T. Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 2nd
4. Place of Birth (Street and Number)	614 Light St
5. Full Name of Mother	Elize Eckhardt
6. Mother's Maiden Name	Kratz
7. Mother's Birthplace	Hessen darmstadt
8. Full Name of Father	Louis Eckhardt
9. Father's Occupation	Grocer dealer
10. Father's Birthplace	Hessen darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 S Eutaw St.
Remarks	

14365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 children

1. Sex (state whether Male or Female) Last a boy

2. Race or Color (if not of the white race) White

3. Date of Birth 24th of October 1876

4. Place of Birth (Street and Number) 106 North Wolfe st

5. Full Name of Mother Annie Girly

6. Mother's Maiden Name Annie Mae ayst

7. Mother's Birthplace North Carolina

8. Full Name of Father Chas E Mae ayst

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 77 North Rappel st pr John Kunkel

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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14366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Children

1. Sex (state whether Male or Female) Last a girl

2. Race or Color (if not of the white race) White

3. Date of Birth Born the 2 October 1876

4. Place of Birth (Street and Number) 432 East Canton St.

5. Full Name of Mother Annie Sambler

6. Mother's Maiden Name Annie Sander

7. Mother's Birthplace Germany

8. Full Name of Father Frank Sander

9. Father's Occupation Labor man

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresntia Kunkel

Address 11 North Lappel St. pr John Kunkel

Remarks Healthy

...rect Record of Vital Statistics in the City of Baltimore.

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Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14367

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	2. October 1876.
4. Place of Birth (Street and Number)	Eastern Ave. N 161.
5. Full Name of Mother	Louise Kraft
6. Mother's Maiden Name	Lindig
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ferdinand Adolf Kraft
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft
Address	
Remarks	

14368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 2nd 1876
4. Place of Birth (Street and Number)	56 East Eager St
5. Full Name of Mother	Mary Strawinski
6. Mother's Maiden Name	Mary Bull
7. Mother's Birthplace	Ballo. Md
8. Full Name of Father	George W Strawinski
9. Father's Occupation	Machinist
10. Father's Birthplace	South Carolina
Name of Medical Attendant, or other Person who makes this Return.	Silas W Hunter MD
Address	111 Greenmount Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 2nd 1876

4. Place of Birth (Street and Number) 245 W. Fayette St

5. Full Name of Mother Mary E Lotz

6. Mother's Maiden Name Smith

7. Mother's Birthplace Balto City

8. Full Name of Father I Fred Lotz

9. Father's Occupation Cigar Manufacturer

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. I H Cuney

Address 76 Spaca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14370

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 2nd of October

4. Place of Birth (Street and Number) 179 Cathedral St

5. Full Name of Mother Barbara Smeadley

6. Mother's Maiden Name Dyer

7. Mother's Birthplace Ireland

8. Full Name of Father William Smeadley

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 179 Cathedral St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract from the Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth child

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white race
3. *Date of Birth* 2nd October
4. *Place of Birth* (Street and Number) Monument st. No 212
5. *Full Name of Mother* Emma L Beckmyer
6. *Mother's Maiden Name* Emma L Hunter
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Walter L Beckmyer
9. *Father's Occupation* Box maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Otto Guy.

Address

Remarks

11897.2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 3rd 1876
4. *Place of Birth (Street and Number)* No 265 Orleans St
5. *Full Name of Mother* Sophia A Getner
6. *Mother's Maiden Name* Sophia A. Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gust Getner
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. Hayward

Address 220 Mulligan St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111373

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 '76 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child,

1. *Sex* (state whether Male or Female) Male,
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* the 3 of Oct, 1876
4. *Place of Birth* (Street and Number) No 11 Rose all,
5. *Full Name of Mother* Bregyed Gabager,
6. *Mother's Maiden Name* Bregyed Goddard,
7. *Mother's Birthplace* in Ireland,
8. *Full Name of Father* Peter Gabager,
9. *Father's Occupation* a Butter maker,
10. *Father's Birthplace* in Baltimore,

Name of Medical Attendant, or other Person who makes this Return. Midwife Therese Eigelsinger

Address No 14 Union st.

Remarks

14374

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) 1
3. Date of Birth 3d October 1876
4. Place of Birth (Street and Number) 14 Lombard St
5. Full Name of Mother Sarah Hooper
6. Mother's Maiden Name " Tippling
7. Mother's Birthplace U States of America
8. Full Name of Father Frederick Hooper
9. Father's Occupation Laborer
10. Father's Birthplace U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 12 E Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1187 6

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct. 3rd 1876
4. Place of Birth (Street and Number)	221 Eastern Ave
5. Full Name of Mother	Julia Kunkel
6. Mother's Maiden Name	" Bucher
7. Mother's Birthplace	City
8. Full Name of Father	George Kunkel
9. Father's Occupation	Segar maker
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	My E Bushmann
Address	120 Bank str
Remarks	

14376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 3
4. Place of Birth (Street and Number)	213 Monument St
5. Full Name of Mother	Kate Kilfloyle
6. Mother's Maiden Name	Keefe
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Kilfloyle
9. Father's Occupation	Brass finisher
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrissner
Address	No 19 Forrest Place
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14377

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 3rd
4. Place of Birth (Street and Number) No 1 Irving Place
5. Full Name of Mother Emily A. King
6. Mother's Maiden Name Emily A. Boerner
7. Mother's Birthplace Detroit Michigan
8. Full Name of Father Albert H. King
9. Father's Occupation Dentist
10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. John A Conner

Address 286 E. Balt St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11375

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 3d 1876
4. Place of Birth (Street and Number)	396 Sharp St
5. Full Name of Mother	Thereas Swartzman
6. Mother's Maiden Name	Thereas McLaughlin
7. Mother's Birthplace	Ireland
8. Full Name of Father	Jacob Swartzman
9. Father's Occupation	Mechanic. (Glass worker)
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Frank E. Baltzell
Address	175 St Paul St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11379

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
5
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4te Child

1. *Sex (state whether ~~Male or~~ Female).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 3d 1876.
4. *Place of Birth (Street and Number)* Fraiwent St. No 48
5. *Full Name of Mother* Maydalena Stroh
6. *Mother's Maiden Name* Haydalena Müller
7. *Mother's Birthplace* Vesse. Fürstenthum Waldeck. Germany
8. *Full Name of Father* Georg Stroh
9. *Father's Occupation* Baker
10. *Father's Birthplace* Lange Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14380

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 3rd 1876. 4 O'clock
4. Place of Birth (Street and Number) Baltimore Md. Baltimore H. W. No 938
5. Full Name of Mother Mrs. Dena Hummel
6. Mother's Maiden Name Miss Dena Thussman
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Anthony Hummel
9. Father's Occupation Barber
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Hummel

Address Tho Co North Schroder St. Balto Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 2d 1876
4. Place of Birth (Street and Number)	Baltimore Shroder St No. 110
5. Full Name of Mother	Laura Sparrowhawk.
6. Mother's Maiden Name	Laura Pepperman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Sparrowhawk
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. L. Mitchell
Address	No. 122 Parkin st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oktober 3 de 1876
4. Place of Birth (Street and Number)	43 Milleman Strel.
5. Full Name of Mother	Augiste Breidigam
6. Mother's Maiden Name	Aug. Appel
7. Mother's Birthplace	Germane
8. Full Name of Father	Adam Breidigam
9. Father's Occupation	Schumaker
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Wm R. Rudiger
Address	134 n Bond Strel
Remarks	

14383

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 3rd
4. Place of Birth (Street and Number) No 251 Lee St
5. Full Name of Mother Louisa Adams
6. Mother's Maiden Name " Smith
7. Mother's Birthplace Balto City
8. Full Name of Father Andrew Jackson Adams
9. Father's Occupation Tinner
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch

Address 141 Hanover St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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143811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth October 3 1876
4. Place of Birth (Street and Number) 117 south chester st
5. Full Name of Mother mary a moody
6. Mother's Maiden Name mary a browne
7. Mother's Birthplace ireland
8. Full Name of Father william moody
9. Father's Occupation marriner
10. Father's Birthplace nova scotia

Name of Medical Attendant, or other Person who makes this Return. mary conner 153 chuptank st

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT OCT 11 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114385

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Oct 3rd 1876
4. *Place of Birth* (Street and Number) No 4 Warren st
5. *Full Name of Mother* Maria Rickwall
6. *Mother's Maiden Name* Maria Kraft
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Rickwall
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Simms

Address 178 S Chapel st

Remarks F. P.

RETURN OF A BIRTH.

11

11356

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 3rd 1876

4. Place of Birth (Street and Number) No 5 Lutheran st

5. Full Name of Mother Mary Stub

6. Mother's Maiden Name Mary Tragser

7. Mother's Birthplace Germany

8. Full Name of Father Adam Stub

9. Father's Occupation Grocery store

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hilbgeist

Address No 152 E Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 3d 1876.
4. Place of Birth (Street and Number)	275 Preston Street.
5. Full Name of Mother	Mazarella Seifer
6. Mother's Maiden Name	M. Walleber
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Seifer
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Earl St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four Children

1. Sex (state whether Male or Female) Last a boy

2. Race or Color (if not of the white race) White

3. Date of Birth 5 October 1876

4. Place of Birth (Street and Number) North West Corner of Monument & Castle

5. Full Name of Mother Lisbeth Homan

6. Mother's Maiden Name Lisbeth Ny Rome

7. Mother's Birthplace Germany

8. Full Name of Father John Ny Rome

9. Father's Occupation Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 71 North Chappel st fr John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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111389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 children
1. Sex (state whether Male or Female)	Last a boys
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 October 1876
4. Place of Birth (Street and Number)	Orangeville Baltimore county
5. Full Name of Mother	Annie Lenkner
6. Mother's Maiden Name	Annie Regensburg
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Regensburg
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Amanda Kunkel for John Kunkel
Address	11 North Chapel St.
Remarks	Healthy

OCT 7 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14390

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 4th 1876
4. Place of Birth (Street and Number)	No 35 Port st
5. Full Name of Mother	Anna Eckels Wadden
6. Mother's Maiden Name	
7. Mother's Birthplace	City
8. Full Name of Father	Johann Eckels
9. Father's Occupation	Laborer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Bushmann
Address	No 120 Bank st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The first

1. Sex (state whether Male or Female) a boy
2. Race or Color (if not of the white race) white
3. Date of Birth October the 4th 1876
4. Place of Birth (Street and Number) No. 24 Centre Market Space, City
5. Full Name of Mother Elisabeth Babette Lamberti
6. Mother's Maiden Name Elisabeth Babette Crone
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles William Lamberti
9. Father's Occupation Littograf
10. Father's Birthplace Bremerhaven, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. Larbon Riß Hebamme

Address No. 26. N. Friedrichsstrasse

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11392

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	14 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Oct. 4 th 1876.
4. Place of Birth (Street and Number)	120 S. Castle St.
5. Full Name of Mother	Margaret M. Gonnigle
6. Mother's Maiden Name	Margaret Stork
7. Mother's Birthplace	Ireland
8. Full Name of Father	Daniel M Gonnigle.
9. Father's Occupation	Sailor.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Jno. McSullivan
Address	116 Thames St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* October 4. 76
4. *Place of Birth* (Street and Number) E. Lombard 112
5. *Full Name of Mother* Hanah Baum
6. *Mother's Maiden Name* Fiegl
7. *Mother's Birthplace* Poland
8. *Full Name of Father* Saul Baum
9. *Father's Occupation* Glaser
10. *Father's Birthplace* Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Lucilie Bennett

Address 113 E. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1113911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6st.

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* October 4. 76

4. *Place of Birth* (Street and Number) Harrison Str 48.

5. *Full Name of Mother* Sarah Samuel

6. *Mother's Maiden Name* Vaccumanfield

7. *Mother's Birthplace* Poland

8. *Full Name of Father* Benedit Samuel

9 *Father's Occupation* Glaser

10. *Father's Birthplace* Poland

Name of Medical Attendant or other Person who makes this Return. Mrs Cäcilie Bernitz

Address E. Lombard Str 113

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111.395

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 4 d. 1876
4. Place of Birth (Street and Number)	211 N. Bond Street
5. Full Name of Mother	Henriette Menert
6. Mother's Maiden Name	H. Mandei
7. Mother's Birthplace	Germane
8. Full Name of Father	Heinrich Menert
9. Father's Occupation	Tailor
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return	Marie R. Rudiger
Address	134 N Bond Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11396

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* ~~Sept~~ 4th 1876 Oct 4th 1876
4. *Place of Birth* (Street and Number) 141 Chestnut Alley
5. *Full Name of Mother* Nancy Spriggs
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Joseph Spriggs
9. *Father's Occupation* barber
10. *Father's Birthplace* Portsmouth Va

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address 141 Burgundy Alley

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5. Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	4. Oct.
4. Place of Birth (Street and Number)	No. 18 Liberty st.
5. Full Name of Mother	Josephine Spenzel
6. Mother's Maiden Name	" Filbrath
7. Mother's Birthplace	Germany
8. Full Name of Father	Aloy. Spenzel
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Lindner
Address	45 Monroe st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11398

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 30 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th October
4. Place of Birth (Street and Number)	53 Monroe st Balto MD
5. Full Name of Mother	Mrs Margaret Evans
6. Mother's Maiden Name	" " Hale
7. Mother's Birthplace	Balto MD
8. Full Name of Father	Mr. William Evans
9. Father's Occupation	" Car driver
10. Father's Birthplace	Ohio
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Sinclair
Address	No 818 Pratt St
Remarks	

11-399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 4 th 1876
4. Place of Birth (Street and Number)	29 So. Dallas
5. Full Name of Mother	Jeannette Root
6. Mother's Maiden Name	Jeannette Fonto
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Root
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	20 Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

144400

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
6
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex* (~~state whether~~ Male ~~or Female~~) October 4th 1876.
2. *Race or Color* (~~if not of the~~ white race) 298 W. Lombard St.
3. *Date of Birth* Male
4. *Place of Birth* (Street and Number) White
5. *Full Name of Mother* Bertha Guggenheimer.
6. *Mother's Maiden Name* Bavaria Germany.
7. *Mother's Birthplace* Herman Loeb.
8. *Full Name of Father* Merchant.
9. *Father's Occupation* Bavaria Germany.
10. *Father's Birthplace* John T. R. Wright M.D.

Name of Medical Attendant, or other Person who makes this Return.

Address City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114401

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Oct. 5th 1876.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 4th 1876.
4. *Place of Birth (Street and Number)* 363 Washington St.
5. *Full Name of Mother* Dina Schaefer.
6. *Mother's Maiden Name* Dina Reiter.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Joseph Schaefer.
9. *Father's Occupation* Schoemaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm M. Amend.

Address No 37 Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14402

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 4 Oct. 1876
4. Place of Birth (Street and Number) 7 Bounty Lane
5. Full Name of Mother Kunigunde Kaerber
6. Mother's Maiden Name Bauer
7. Mother's Birthplace Germany
8. Full Name of Father George Kaerber
9. Father's Occupation Shoe Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gerhard Miller

Address 151 E. Pratt St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114103

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 4th 1876
4. Place of Birth (Street and Number)	25½ N Central Ave
5. Full Name of Mother	Anna Hale Long
6. Mother's Maiden Name	Anna Hale Bower
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John H. Long
9. Father's Occupation	Broom Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winkler
Address	198 Harford Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and cor-
rect Record of Vital Statistics in the City of Baltimore.

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1 1/1

RETURN OF A BIRTH.

1 1 4 0 11
1 4 1 0 5

1/1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th & 5th
1. Sex (state whether Male or Female)	Male & female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 4th
4. Place of Birth (Street and Number)	421. Gilmore St.
5. Full Name of Mother	Kate Ford
6. Mother's Maiden Name	" Campbell
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	James Read Ford
9. Father's Occupation	Ticket Agt. at Fords.
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	Louis L. Horn M.D.
Address	Cor Mulberry & Myrtle av.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th of Oktober
4. *Place of Birth (Street and Number)* 3 Miller Str.
5. *Full Name of Mother* Elisabeth Sima
6. *Mother's Maiden Name* " " Pepril
7. *Mother's Birthplace* Balto Md.
8. *Full Name of Father* Rudolph Sima
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Krivoi

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 20 Barnes Str.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 4th 76
4. Place of Birth (Street and Number)	94 Pine St
5. Full Name of Mother	Virginia Hayden
6. Mother's Maiden Name	Virginia Hohlbine
7. Mother's Birthplace	Baltoleo Md
8. Full Name of Father	Michael Hayden
9. Father's Occupation	Milk dealer
10. Father's Birthplace	Baltoleo Md
Name of Medical Attendant, or other Person who makes this Return.	A S Saxton Md
Address	543 Lexington St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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111108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Oct 4th at 11 o'clock at night 1876
4. *Place of Birth* (Street and Number) 511 Russell Street
5. *Full Name of Mother* Elizabeth Steward
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Saint Marys County Md
8. *Full Name of Father* John Martin
9. *Father's Occupation* Day man
10. *Father's Birthplace* Balto City Deborah Thomas

Name of Medical Attendant, or other Person who makes this Return.

Address 11 Burgundy Alley

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14409

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. Sex (state whether Male or Female) Last a girl
2. Race or Color (if not of the white race) White
3. Date of Birth 6 of October 1876
4. Place of Birth (Street and Number) 82 North Chappel st
5. Full Name of Mother Ann Mary Kuhn
6. Mother's Maiden Name Ann Mary Kerner
7. Mother's Birthplace Baltimore
8. Full Name of Father Georg Kerner
9. Father's Occupation Tailore
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kundael

Address 82 North Chappel st for John Kundael

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14410

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 5
4. Place of Birth (Street and Number)	248 Eden St
5. Full Name of Mother	Mary Price
6. Mother's Maiden Name	Ringold
7. Mother's Birthplace	Eastern Shore
8. Full Name of Father	Joseph Price
9. Father's Occupation	Carpenter
10. Father's Birthplace	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 19 Forrest Place
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	5 of October
4. Place of Birth (Street and Number)	Johnson St No 54
5. Full Name of Mother	Lizzie Brown
6. Mother's Maiden Name	Lizzie Smith
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Lethie Brown
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	North St No 225
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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111112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 d,
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 5 d. 1886
4. Place of Birth (Street and Number)	Central av. 100
5. Full Name of Mother	Ana Knoche
6. Mother's Maiden Name	A. Wittig
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Friedrich Knoche
9. Father's Occupation	Salon Flotter
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 N. Bond St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11111.3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	a Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th of October 1844
4. Place of Birth (Street and Number)	32 East Monument
5. Full Name of Mother	Mary E. White
6. Mother's Maiden Name	Mary E. Kimmel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Washington Kimmel
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wesley M. Kunkel
Address	Dr John Kunkel
Remarks	Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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144114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	4th Child a boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th of October 1876
4. Place of Birth (Street and Number)	365 East Macaldery st
5. Full Name of Mother	Lary O'Wiles
6. Mother's Maiden Name	Lary O'Kimal
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Whashington Kimal
9. Father's Occupation	Woodler
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address	11 North Chappel st for John Kunkel
Remarks	Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114445

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 5th 76
4. Place of Birth (Street and Number)	339 Aisquith St.
5. Full Name of Mother	Harriet L. Bradley
6. Mother's Maiden Name	" " Disney
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John H. Bradley
9. Father's Occupation	Roofer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	James H. Hayes M.D.
Address	254 Eastern Avenue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

111116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Bel
3. *Date of Birth* 5th Oct. 1846
4. *Place of Birth (Street and Number)* 334 N. Howard St Balto
5. *Full Name of Mother* Anna A Jenkins
6. *Mother's Maiden Name* " " Armstead
7. *Mother's Birthplace* Md
8. *Full Name of Father* James B. Jenkins
9. *Father's Occupation* Porter on B & O. R.R.
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. G L Tanneyhill

Address 129 West Biddle

Remarks

Extract Regulations of the Board of Health to secure a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14417

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 5th 1876
4. Place of Birth (Street and Number) Belair Road no number
5. Full Name of Mother Wilhelmina Baureis
6. Mother's Maiden Name Wilhelmina Rade
7. Mother's Birthplace Baltimore
8. Full Name of Father Friedrich Baureis
9. Father's Occupation Beer Brewer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena J. Ellegeist

Address No 1.82 Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14418

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 5th 1876
4. Place of Birth (Street and Number) 68 Vane St
5. Full Name of Mother Margret Taylor
6. Mother's Maiden Name
7. Mother's Birthplace Denton MD
8. Full Name of Father Washington Taylor
9. Father's Occupation Laborer
10. Father's Birthplace Denton MD Md

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas

Remarks Jr. Burgundy alley

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	October the 5th 1876
4. Place of Birth (Street and Number)	No 10 Sarah Ann Street
5. Full Name of Mother	Cecilia Amanda Taylor
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Baltimore
8. Full Name of Father	" " "
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Sarah Ann Gibson
Address	S. Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11420

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 6th 1876
4. Place of Birth (Street and Number)	274 N Eutaw St
5. Full Name of Mother	Jerolean Keith
6. Mother's Maiden Name	Ryman (Plyman)
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Thomas Keith
9 Father's Occupation	Cook
10. Father's Birthplace	Washington D. C.
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M. D.
Address	262 Madison Ave
Remarks	

Extract Regulations of the Board of Health to secure a pro... rect Record of Vital Statistics in the City of Baltimore.

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14421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 5th 1876

4. Place of Birth (Street and Number) 234 Williams St

5. Full Name of Mother Hannah I Dorsey

6. Mother's Maiden Name Cathers

7. Mother's Birthplace Balto City

8. Full Name of Father Charles H Dorsey

9. Father's Occupation Locomotive Engineer

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. I H Carney

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114422

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	"
3. Date of Birth	5 Oct. 1870
4. Place of Birth (Street and Number)	66 Albemarle St.
5. Full Name of Mother	Elisa Schaecker
6. Mother's Maiden Name	Haller
7. Mother's Birthplace	Germany
8. Full Name of Father	Christian H Schaecker
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Meier
Address	191 E Fayette St.
Remarks	

144 23

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race). White
3. Date of Birth October 5th
4. Place of Birth (Street and Number) South Paca Street 257
5. Full Name of Mother Bertha Wunder
6. Mother's Maiden Name Bertha Trautman
7. Mother's Birthplace Germany
8. Full Name of Father Christian Wunder
9. Father's Occupation Storekeeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. H. Fischer

Address 11 South Eutaw Str

Remarks

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14424

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race,
3. Date of Birth the 6 of Octer 1876
4. Place of Birth (Street and Number) No 22. Goge Alla.
5. Full Name of Mother Mary Schiner,
6. Mother's Maiden Name Mary Schiens
7. Mother's Birthplace in Baltimor,
8. Full Name of Father Jonckup Schriner,
9. Father's Occupation a Slayer
10. Father's Birthplace in Germeny.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

Extract Regulations of the Board of Health to secure [illegible] rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111425

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 6th 1876
4. Place of Birth (Street and Number)	420 Canton Ave
5. Full Name of Mother	Kunigunda Belz
6. Mother's Maiden Name	Schlicht
7. Mother's Birthplace	Germany
8. Full Name of Father	George Belz
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank st.
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114426

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct. 6th 1876
4. Place of Birth (Street and Number)	No 72 N. Wolf st.
5. Full Name of Mother	Barbara Shanick
6. Mother's Maiden Name	" Miller
7. Mother's Birthplace	City
8. Full Name of Father	Valetine Shanick
9. Father's Occupation	Engineer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Bushmann
Address	120 Bank st.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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14427

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 6th 1876
4. Place of Birth (Street and Number) 107 Leadenhall
5. Full Name of Mother Susan Keef
6. Mother's Maiden Name Susan Trumbull
7. Mother's Birthplace Baltimore
8. Full Name of Father John Keef
9. Father's Occupation Boiler Maker
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. Theodore Corke M.D.

Address 146. Hanover St

Remarks

Extract Regulations of the Board of Health to [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114128

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	American
3. Date of Birth	October 6th 1876
4. Place of Birth (Street and Number)	Whatcoat St No. 31-
5. Full Name of Mother	Mary E Bageley
6. Mother's Maiden Name	Mary E. Terry
7. Mother's Birthplace	Harford Co Md
8. Full Name of Father	Albert Snowden Bageley
9. Father's Occupation	Huckster
10. Father's Birthplace	Harford Co. Md
Name of Medical Attendant, or other Person who makes this Return.	L.G. Spanow M.D.
Address	S.E. Corner Stricker St. & Patterson Ave.
Remarks	

Extract Regulations of the Board of Health relating to Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14429

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 October
4. Place of Birth (Street and Number)	3 Slimmer alley
5. Full Name of Mother	Margret Lilly
6. Mother's Maiden Name	Margret Foley
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Lilly
9. Father's Occupation	Labor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliza Fleming
Address	97 Albemarle St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to [illegible]

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14430

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 6th 1876
4. Place of Birth (Street and Number) No 407 N Calhoun St
5. Full Name of Mother Virginia C Mongomery
6. Mother's Maiden Name Virginia Keflebower
7. Mother's Birthplace Virginia
8. Full Name of Father Thomas A Mongomery
9. Father's Occupation Carpenter
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. H S Bowie M.D.

Address No 1 Edmondson Ave

Remarks

111.11.31

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) ~~Colored~~ female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* October 6th 1896
4. *Place of Birth* (Street and Number) 124 Saratoga Street
5. *Full Name of Mother* Elizebath Baltimore
6. *Mother's Maiden Name* Elizebath Williams
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Baltimore
9. *Father's Occupation* Seaman
10. *Father's Birthplace* West indies

Name of Medical Attendant, or other Person who makes this Return. Hester Bradley Dr.

Address 18 85 Orchard Street

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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14432

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) - 3

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 6th 1846
4. Place of Birth (Street and Number) 8 Vine Street
5. Full Name of Mother Annie ~~[illegible]~~ Ockmey
6. Mother's Maiden Name annie Young
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Ockmey
9. Father's Occupation Whitewasher
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester Bradley Doctress

Address No 85 Orchard Street

Remarks

RETURN OF A BIRTH.

111133

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October 6th 1896
4. *Place of Birth (Street and Number)* 18 Rose Street
5. *Full Name of Mother* Virginnia Commings
6. *Mother's Maiden Name* Virginnia Fleck
7. *Mother's Birthplace* Norfolk Virginnia
8. *Full Name of Father* William Commings
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester (illegible) physician

Address No 85 Orchard Street

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1111311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second,

1. *Sex* (state whether Male or Female) Female,
2. *Race or Color* (if not of the white race) White,
3. *Date of Birth* Monday Oct 9th 1876.
4. *Place of Birth* (Street and Number) 58 Hamburg St Balt. Md.
5. *Full Name of Mother* Lavinia Schley,
6. *Mother's Maiden Name* Lavinia Kirwan,
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Jno. H. Schley,
9. *Father's Occupation* Selling Oysters,
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Jno. Morris M.D.

Address No. 5 Franklin St. Balt. Md.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14435

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 172 S Chester St Oct 6th 1876
4. Place of Birth (Street and Number) 172 S Chester St
5. Full Name of Mother Josephine Martin Diet
6. Mother's Maiden Name Josephine Martin
7. Mother's Birthplace Baltimore
8. Full Name of Father George Diet
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Simmons

Address 178 S. Chapel St

Remarks G P

Extract Regulations of the Board of Health of the Mortgage Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1111136

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 5th

4. Place of Birth (Street and Number) 258 Sharp St

5. Full Name of Mother Mary Rubl

6. Mother's Maiden Name Rieb

7. Mother's Birthplace Hessendarm Stadt

8. Full Name of Father Henry Rubl

9. Father's Occupation Cabinet maker

10. Father's Birthplace Hessendarm Stadt

Name of Medical Attendant, or other Person who makes this Return. Mary Rubl

Address 321 S Eutaw St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11-1197

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* October 6, 1876
4. *Place of Birth* (*Street and Number*) Fremont St.
5. *Full Name of Mother* Elizabeth Ann Fishack
6. *Mother's Maiden Name* " Horner
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* David Fishack
9. *Father's Occupation* Marble Worker
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. L. M. F. Hank

Address 118 N Fiddle

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13435

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored Light [illegible] skin
3. Date of Birth October 6
4. Place of Birth (Street and Number) Castle street No 11
5. Full Name of Mother Mary Ellen Johnson
6. Mother's Maiden Name Mary Ellen Cooper
7. Mother's Birthplace Maryland
8. Full Name of Father John Thomas Johnson
9. Father's Occupation Laborer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Alice B Chaplin

Address No 5 Dulas street Between Baltimore and Lombard

Remarks

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

144439

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Thursday October 6th 1876
4. *Place of Birth* (Street and Number) No 1 Seldner St
5. *Full Name of Mother* Isabel Bordly
6. *Mother's Maiden Name* Isabel Bordly
7. *Mother's Birthplace* Kent County Md
8. *Full Name of Father* William Robinson
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Kent County Md

Name of ~~Medical Attendant~~, or other Person who makes this Return. Nancy Lee

Address No 3 Seldner St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Relative to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

144-310

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 6th 1876
4. Place of Birth (Street and Number) N 213 St Paul St
5. Full Name of Mother ~~Ada~~ Susan Ada Balderstone
6. Mother's Maiden Name Susan Ada Hiss
7. Mother's Birthplace Baltimore
8. Full Name of Father John C Balderstone
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. H. Chatard M.D.

Address N 114 Park Ave

Remarks

Extract Regulations of the Board of Health of the Mother's Duty of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...tract Regulations of the Board of Health ... rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14441

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 6th of Oct. 1876

4. Place of Birth (Street and Number) 39 St. peter st.

5. Full Name of Mother C. Feurst

6. Mother's Maiden Name C. Heimiller

7. Mother's Birthplace Baltimore City.

8. Full Name of Father Jerry A. Feurst

9. Father's Occupation Cigar Box Maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary Mallin

Address 1 Bar P. Caroline

Remarks

14442

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 6th 1876
4. Place of Birth (Street and Number) No 240 Eager st
5. Full Name of Mother Antonette Hammerer
6. Mother's Maiden Name Antonette Cartals
7. Mother's Birthplace Germany
8. Full Name of Father August Hammerer
9. Father's Occupation Hatter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A Dena Hillegeist

Address No 182 E Monument st

Remarks

Extract Regulations of the Board of Health of the Mortgage Registrar of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 7th October 1876

4. Place of Birth (Street and Number) 64 Caroline St.

5. Full Name of Mother Catherine Peter

6. Mother's Maiden Name Schulman

7. Mother's Birthplace Balto

8. Full Name of Father Philip Meier

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 526 Lombard St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1 1 1 1 1 1 1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male -
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 7th 1876
4. Place of Birth (Street and Number)	120 German
5. Full Name of Mother	Fanny Stern
6. Mother's Maiden Name	Neal
7. Mother's Birthplace	Germany
8. Full Name of Father	Levi Stern
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Samuel C. Knight M.D
Address	712 N. Greene St
Remarks	

Extract from Regulations of the Board of Health, relating to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14445

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* oct to 7 1876
4. *Place of Birth (Street and Number)* Hockney Lane
5. *Full Name of Mother* Miss fore boals
6. *Mother's Maiden Name* Miss Zoe Hill
7. *Mother's Birthplace* West Minster
8. *Full Name of Father* John H boals
9. *Father's Occupation* Porter in Brush
10. *Father's Birthplace* Baltimore ~~Chollot Warn~~

Name of Medical Attendant, or other Person who makes this Return. Chollot Warn

Address 258 Raboy S

Remarks 1

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1111.116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	4 of October
4. Place of Birth (Street and Number)	Little Church St N 54
5. Full Name of Mother	Lizzie Bimanap
6. Mother's Maiden Name	Lizzie Schone
7. Mother's Birthplace	Saxaca in Germeney
8. Full Name of Father	William Bimanap
9. Father's Occupation	Grocery Store
10. Father's Birthplace	Lealangne in Germeney
Name of Medical Attendant, or other Person who makes this Return.	Thos Martin
Address	West St N 128
Remarks	

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

14447

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	1 October
4. Place of Birth (Street and Number)	No 815 Pratt St
5. Full Name of Mother	Barbre Rapraun
6. Mother's Maiden Name	Shillinger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Georg
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Sinclair
Address	No 818 Pratt St
Remarks	

14448

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 7th 1876

4. Place of Birth (Street and Number) No 479 E. Chase St.

5. Full Name of Mother Malvenia Latterfield

6. Mother's Maiden Name Malvenia Crosbe

7. Mother's Birthplace Baltimore City

8. Full Name of Father Charles Latterfield

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Bull.

Address No 181 N. Central Avenue Baltimore City

Remarks All Well

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1/11/49

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W
3. Date of Birth	October 1874
4. Place of Birth (Street and Number)	Chase St near Caroline
5. Full Name of Mother	Laura Day
6. Mother's Maiden Name	" Bennett
7. Mother's Birthplace	Md
8. Full Name of Father	Samuel J. Day
9. Father's Occupation	Dealer in Household Goods
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Richard Matheny M.D.
Address	187 N. Bond St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114450

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 7th 1876
4. Place of Birth (Street and Number)	No 24 Georges St.
5. Full Name of Mother	Sallie White
6. Mother's Maiden Name	Sallie Adams,
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Asbury D White
9. Father's Occupation	Virginia
10. Father's Birthplace	Comm Merchant
Name of Medical Attendant, or other Person who makes this Return.	Asbury D Pennington MD.
Address	98 N. Greene St.
Remarks	

HEALTH DEPARTMENT OCT 1876 BALTIMORE

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 7th October

4. *Place of Birth* (Street and Number) 444 Cross St.

5. *Full Name of Mother* Minnie Smith

6. *Mother's Maiden Name* Annie

7. *Mother's Birthplace* Prussia

8. *Full Name of Father* Charle Krieger

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Fisher. No. 11. South Eutaw St.

Address

Remarks

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health of the Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14452

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 male

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) biraum skin
3. Date of Birth october 7 1876
4. Place of Birth (Street and Number) No 8 Surasbury Cort
5. Full Name of Mother elieri Larsey
6. Mother's Maiden Name elieri gibson
7. Mother's Birthplace maryland
8. Full Name of Father yabef Larsey
9. Father's Occupation oyster Shucker
10. Father's Birthplace maryland

Name of Medical Attendant, or other Person who makes this Return. alice A Chaplin

Address No 5 Dalles Str

Remarks

RETURN OF A BIRTH.

114453

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October the 7th 1876
4. Place of Birth (Street and Number)	196 S. Bond Street
5. Full Name of Mother	Margaretha Schmidt
6. Mother's Maiden Name	" " Knierieth
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Paul Schmidt
9. Father's Occupation	Backer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louise Kraft.
Address	
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14454

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 7th 1876
4. Place of Birth (Street and Number)	No 276 E Madison St
5. Full Name of Mother	Mary A Franz
6. Mother's Maiden Name	Mary A Thomson
7. Mother's Birthplace	Balto
8. Full Name of Father	John A. Franz
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Saml F. Powell MD
Address	No 29 Aisquith St.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111153

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	whit
3. Date of Birth	saturdy 7th oct
4. Place of Birth (Street and Number)	dock st no 6
5. Full Name of Mother	Anna thompson
6. Mother's Maiden Name	Anna baitzel
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Wm G Thompson
9. Father's Occupation	machinist
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Rosa Anderson
Address	no 16 fulton st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 7th
4. Place of Birth (Street and Number)	211 Conway St
5. Full Name of Mother	Elizebeth Semmler
6. Mother's Maiden Name	Herzel
7. Mother's Birthplace	Baiern
8. Full Name of Father	Frank Semmler
9. Father's Occupation	School Teacher
10. Father's Birthplace	Baiern
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	328 S Eutaw St
Remarks	

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 14 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct th 7

4. Place of Birth (Street and Number) Locust Point Towenson St No 87

5. Full Name of Mother Catherin Rearden

6. Mother's Maiden Name Cather McGuire

7. Mother's Birthplace Ireland

8. Full Name of Father Mathue Rearden

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrgoretha Erll

Address

Remarks

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111156

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* October th 7
4. *Place of Birth* (Street and Number) ~~Col~~ Parish H No 65
5. *Full Name of Mother* Matild Wiliams
6. *Mother's Maiden Name* Creamer
7. *Mother's Birthplace* Washington
8. *Full Name of Father* Edward Wiliams
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Ballimore

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer 136 Mchenry St

Address

Remarks

Extract Regulations of the ... Statistics in the City of Baltimore.

rect Record of Vital Statis...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 17 1876

4. Place of Birth (Street and Number) No 155 Fourth st

5. Full Name of Mother Mary Ella Bell

6. Mother's Maiden Name Mary Ella Askew

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry J. Bell

9. Father's Occupation Plumer and Gas Fitting

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dena H. Ulegerst

Address No 182 E Monument

Remarks

Extract Regulations of the [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14460

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 8th October 1876

4. Place of Birth (Street and Number) 126 Cranberry St

5. Full Name of Mother Johanna Geising

6. Mother's Maiden Name Weissmann

7. Mother's Birthplace Germany

8. Full Name of Father August Geising

9. Father's Occupation Printer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 526 Lombard St

Remarks

Extract Regulations of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111461

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st.~~ 2d, ~~3d, &c.~~)	2 nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 6 th /76
4. Place of Birth (Street and Number)	No 39 Mc Henry st
5. Full Name of Mother	Elizabeth Lee
6. Mother's Maiden Name	Elizabeth Childs
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William. D. Lee
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Brass
Address	Parkin st near McHenry
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oktober 8 d. 1876
4. *Place of Birth (Street and Number)* 137 N. Bond Str.
5. *Full Name of Mother* Marie Cossen
6. *Mother's Maiden Name* M. Reinhard
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Dillrich Cossen
9. *Father's Occupation* Schumaker
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond Stret

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111163

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 5 1876
4. *Place of Birth (Street and Number)* 32 Dawson alley
5. *Full Name of Mother* Celia Johnson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Washington D C
8. *Full Name of Father* ~~George~~ Washington George Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Washington D C

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address 11 Burgin alley

Remarks.

111611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Octob. 8
4. Place of Birth (Street and Number)	215 S. Wolf St
5. Full Name of Mother	Catharina Müller
6. Mother's Maiden Name	" Eilermann
7. Mother's Birthplace	Emden
8. Full Name of Father	John H Müller
9. Father's Occupation	Seemann
10. Father's Birthplace	Emden
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	N. 289 S. Bond St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 8th 1876
4. Place of Birth (Street and Number) 164 Montgomery
5. Full Name of Mother Mattie J. ~~Cook~~ Pettit
6. Mother's Maiden Name Mattie J. Cook
7. Mother's Birthplace Virginia
8. Full Name of Father Wm L Pettit
9. Father's Occupation Supt Foundry
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M D.

Address 146. Hanover St

Remarks

Attract Report ... rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child,

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race,
3. Date of Birth 8 of Octbor 1876
4. Place of Birth (Street and Number) No 5 Whitmore st,
5. Full Name of Mother Veolotea Alteal,
6. Mother's Maiden Name Veolotea Storeab,
7. Mother's Birthplace in Geremeny,
8. Full Name of Father Nicklous Alteal,
9. Father's Occupation a Carpen
10. Father's Birthplace in Geremey.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

Extract Regulations of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1411 67

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mule
3. Date of Birth	Oct. 8th
4. Place of Birth (Street and Number)	115 Greenmount Ave
5. Full Name of Mother	Amelia Coggins
6. Mother's Maiden Name	Amelia Warder
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lewis Coggins
9. Father's Occupation	Paper Carrier
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Wm Wheldridge M.D.
Address	
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14468

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth october ~~[illegible]~~ 8. 1876
4. Place of Birth (Street and Number) 255 south ann st
5. Full Name of Mother alice f. harris
6. Mother's Maiden Name alice f tidings
7. Mother's Birthplace Baltimore
8. Full Name of Father william h harris
9. Father's Occupation marriner
10. Father's Birthplace virginia

Name of Medical Attendant, or other Person who makes this Return. mary conner 153 colington avenue

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 5th 1876
4. Place of Birth (Street and Number) No 131 Duncan Alley
5. Full Name of Mother Annie E. Lee
6. Mother's Maiden Name Annie E. Lloyd
7. Mother's Birthplace Baltimore City
8. Full Name of Father Edward Lee
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Frey

Address No 193 South Chester St

Remarks Healthy Child

Extract Regulations of Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14470

HEALTH DEPARTMENT
OCT
13
1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~) Fourth

1. *Sex* (state whether ~~Male or~~ Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Oct: 8th 1876

4. *Place of Birth* (Street and Number) 384 Gilmor Street

5. *Full Name of Mother* Rosa Baldwin

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Washington City

8. *Full Name of Father* R. H. Baldwin

9. *Father's Occupation* Lawyer

10. *Father's Birthplace* Anne Arundel Co. Md

Name of Medical Attendant, or other Person who makes this Return. W. O. Wilson M.D.

Address 146 Park Avenue

Remarks

Earliest Registration of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1144-71

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
13
1876
BALTIMORE

No. of Child of Mother (~~*state whether 1st*~~, *2d*, ~~*3d, &c.*~~) Second

1. Sex (*state whether Male* ~~*or Female*~~) Male

2. Race or Color (*if not of the white race*) White

3. Date of Birth Oct: 8th 1876

4. Place of Birth (*Street and Number*) 200 McCulloh Street

5. Full Name of Mother Emma Blake

6. Mother's Maiden Name Emma Myer

7. Mother's Birthplace Baltimore

8. Full Name of Father Eugene Blake

9. Father's Occupation Cork

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. T. C. Wilson M. D.

Address 146 Park Av:

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14472

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo 8th. 76
4. Place of Birth (Street and Number)	526 W. Fayette
5. Full Name of Mother	Gertrude Filmore Lowery
6. Mother's Maiden Name	" " Sydnor
7. Mother's Birthplace	Clarke Co Va
8. Full Name of Father	Joseph T. Lowery
9. Father's Occupation	Photographer
10. Father's Birthplace	Balt City
Name of Medical Attendant, or other Person who makes this Return.	J. Wm Walls M.D.
Address	No 18. S. Eutaw St
Remarks	City

Extract Regulations of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14473

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth October th 8 1876

4. Place of Birth (Street and Number) 84 Chesnut Street

5. Full Name of Mother Marah Francis Trusty

6. Mother's Maiden Name Marah Francis Johnson

7. Mother's Birthplace Fredric County

8. Full Name of Father John Trusty

9. Father's Occupation Custom Shore

10. Father's Birthplace Dearborn

Name of Medical Attendant, or other Person who makes this Return. Rosetta

Address Wilkens No 70 Chesnut Ste

Remarks Mother Child Living Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14474

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Feb 8 of Octob 1876

4. Place of Birth (Street and Number) No 33 May Street

5. Full Name of Mother Dealey Washington

6. Mother's Maiden Name Dealey Scott

7. Mother's Birthplace Baltimore M D

8. Full Name of Father Howard Washington

9. Father's Occupation Seaman

10. Father's Birthplace Baltimore City M D

Name of Medical Attendant, or other Person who makes this Return. Prosit Williams

Address No 70 Lemmon Street

Remarks Mother [illegible] Child [illegible] Well

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14475

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 October 1857
4. *Place of Birth (Street and Number)* Baltimore [illegible]
5. *Full Name of Mother* Anna Lilina
6. *Mother's Maiden Name* Anna Luza
7. *Mother's Birthplace* Neu Tollin Bohemia
8. *Full Name of Father* Anton Lilina
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Neu Tollin Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hopkins midwife

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 8th of Oct. 1876
4. Place of Birth (Street and Number) 68 Castle st
5. Full Name of Mother L. ~~Yeo~~ Barrenger
6. Mother's Maiden Name L. Yeckle
7. Mother's Birthplace Baltimore City
8. Full Name of Father Louis Barrenger
9. Father's Occupation Cuxter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 725 E. Bard

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11 11 77

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Octo 8th 1876.
4. Place of Birth (Street and Number)	47 Grandby
5. Full Name of Mother	Angusle Vogt
6. Mother's Maiden Name	Angusle Guerth
7. Mother's Birthplace	Germonia
8. Full Name of Father	Henry Christian August Vogt
9. Father's Occupation	Printer
10. Father's Birthplace	Hanover Germania
Name of Medical Attendant, or other Person who makes this Return.	Madam B. Reitz
Address	No. 26 Frederick st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 8th 1876
4. Place of Birth (Street and Number)	325 N. Harvest Street
5. Full Name of Mother	Mary Pistel
6. Mother's Maiden Name	M. Gister
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Lewis Pistel
9. Father's Occupation	Dealer in Nations
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophia Hensel
Address	56 Pearl Street
Remarks	

Extract Regulations in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11 11 79

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* wight.
3. *Date of Birth* 8th October 1879.
4. *Place of Birth (Street and Number)* No Number Lurch St.
5. *Full Name of Mother* Mary Neal.
6. *Mother's Maiden Name* Mary Kichler,
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* William Neal.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore,

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Harner.

Address No 29. Elezabeth Lane.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14480

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) 4th

1. Sex (state whether ~~Male~~ or Female) F
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 8th 1876
4. Place of Birth (Street and Number) 65 S. Oregon St.
5. Full Name of Mother Sarah J. Flannery
6. Mother's Maiden Name " " Glennan
7. Mother's Birthplace Balto Co. Md
8. Full Name of Father Rat^k F. Flannery
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer MD

Address 379 W. Lombard St.

Remarks

Extract Registration Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one mother 1 Child

1. *Sex* (state whether Male or Female) Colord female Child
2. *Race or Color* (if not of the white race) of the Colord race
3. *Date of Birth* october the 9.18.76
4. *Place of Birth* (Street and Number) Chapple Street 135 Baltimore
5. *Full Name of Mother* Harret Cornish
6. *Mother's Maiden Name* ?
7. *Mother's Birthplace* Dorchestor County Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Lucinda Walford

Address Eagleston Street 130 Baltimore

Remarks

14482

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October 9th 1898
4. *Place of Birth (Street and Number)* 5 Wilmore street
5. *Full Name of Mother*
6. *Mother's Maiden Name* Eliza Lynch
7. *Mother's Birthplace* Carline County Va.
8. *Full Name of Father* Charles Lynch
9. *Father's Occupation* Cochman
10. *Father's Birthplace* Camel County Va.

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address No 85 Orchard street

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14483

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Mulatto.
3. Date of Birth	Oct. 9th. 1876.
4. Place of Birth (Street and Number)	90 Milliman st.
5. Full Name of Mother	Emma Hammond.
6. Mother's Maiden Name	Emma Thompson.
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	George Hammond.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Dr. Wm. B. O'Reilly.
Address	235 N. Broadway.
Remarks	

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14484

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) 6 Femail
2. Race or Color (if not of the white race) White
3. Date of Birth October 9
4. Place of Birth (Street and Number) Baltimore Ramsey st No 291
5. Full Name of Mother Marzellar Keith
6. Mother's Maiden Name Morzellar More
7. Mother's Birthplace Mont gumory C O M D
8. Full Name of Father
9. Father's Occupation Conductor on the railroad
10. Father's Birthplace Sant Moreys C O M D

Name of Medical Attendant, or other Person who makes this Return. Mrs S Freburger

Address 293 ramsey st Baltimore

Remarks

Extract Regulations of Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14483

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 Children

1. Sex (state whether Male or Female) Last a boy

2. Race or Color (if not of the white race) White

3. Date of Birth born the 9 of October 1816

4. Place of Birth (Street and Number) 5 North Chappel

5. Full Name of Mother Mari Kalshki

6. Mother's Maiden Name Mari Regina

7. Mother's Birthplace Bohia Land

8. Full Name of Father Vinzel Regina

9. Father's Occupation Tailor Bohima Land

10. Father's Birthplace Bohima Land

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 11 North Chappel of John Kunkel

Remarks Wealthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colo
3. Date of Birth	4 of October
4. Place of Birth (Street and Number)	Johnson St. No. 128
5. Full Name of Mother	Ellen Jones
6. Mother's Maiden Name	Ellen Sterling
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Jones
9. Father's Occupation	Oyster Measure
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11-11-87

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Birth Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14488

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth October 9th 1876.

4. Place of Birth (Street and Number) No 364 Mulberry st.

5. Full Name of Mother Elizabeth Catherine Schuster

6. Mother's Maiden Name E. C. Waltjen.

7. Mother's Birthplace Baltimore

8. Full Name of Father August Schuster

9. Father's Occupation Book keeper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jos. Sumler

Address No 60 N. Schroeder st.

Remarks

RETURN OF A BIRTH.

111489

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	one
(state whether Male or Female)	female
e or Color (if not of the white race)	White
e of Birth	nineth
ce of Birth (Street and Number)	Baltimore johnson St No 286
l Name of Mother	Maria Courtney
ther's Maiden Name	Mary Galan
ther's Birthplace	Baltimore County
l Name of Father	John Courtney
ther's Occupation	engenneer
ther's Birthplace	irland
ame of Medical Attendant, or other Person who makes this Return.	Elizabeth Hallborn
ddress	288 johnson st
emarks	

14490
14491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st Children Twins

1. Sex (state whether Male or Female) Male & Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 9th 1876
4. Place of Birth (Street and Number) 105 E. Pratt St.
5. Full Name of Mother Ellen Leonard
6. Mother's Maiden Name Ellen Kelley
7. Mother's Birthplace Ireland
8. Full Name of Father Michael F. Leonard
9. Father's Occupation Saloon & Restaurant
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M.D.

Address 29 E. Baltimore St.

Remarks

Extract Regulations of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14492

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 9th 1876
4. Place of Birth (Street and Number)	91 Druid Hill Av
5. Full Name of Mother	Sophie Tindall
6. Mother's Maiden Name	Miller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm S Tindall
9 Father's Occupation	Shoemaker
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	262 Madison Av.
Remarks	

Extract Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 9th 1876
4. *Place of Birth (Street and Number)* 199 S Paca St
5. *Full Name of Mother* Nettie Buck
6. *Mother's Maiden Name* Brown
7. *Mother's Birthplace* A A Co Md
8. *Full Name of Father* Irvin Buck
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. I H Conney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

114494

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 9th, 1876.
4. Place of Birth (Street and Number) 173 Saratoga Ln
5. Full Name of Mother Mary S. West.
6. Mother's Maiden Name Skinner
7. Mother's Birthplace Washington D.C.
8. Full Name of Father Henry M. West.
9. Father's Occupation Clerk
10. Father's Birthplace Montgomery Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr W. P. Morgan

Address 175 Saratoga St

Remarks

Earliest Regulation of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1114.96

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Oct 11th 1876.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6th.

1. *Sex* (*state whether Male or Female*) Female.
2. *Race or Color* (*if not of the white race*) White.
3. *Date of Birth* Oct 9th 1876.
4. *Place of Birth* (*Street and Number*) 108 Duncan Alley.
5. *Full Name of Mother* Mary Jaekel.
6. *Mother's Maiden Name* Mary Schwartz.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Jaekel.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M Arnold

Address No 137 Wolfe St.

Remarks —

111496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	October 9th 1876
4. Place of Birth (Street and Number)	312 N. Stricker St.
5. Full Name of Mother	Maude C. Cook.
6. Mother's Maiden Name	Maude C. Guyon de Lemoine.
7. Mother's Birthplace	Havre, France.
8. Full Name of Father	Wm. Fenimore Cook. ~~(Deceased)~~
9. ~~Father's Occupation~~	Father deceased May 4th 1876
10. Father's Birthplace	New York.
Name of Medical Attendant, or other Person who makes this Return.	Jane Winnebergen
Address	23 N. Liberty St.
Remarks	—

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1144 97

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo 9th 1876
4. Place of Birth (Street and Number)	No 14 W Eutaw
5. Full Name of Mother	Mary Ann ~~Taylor~~ Hall
6. Mother's Maiden Name	" " Taylor
7. Mother's Birthplace	Accomac Co Va
8. Full Name of Father	Thomas Isaac Hall
9. Father's Occupation	Restaurant Keeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. Wm Walls M D
Address	18 S. Eutaw
Remarks	City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114198

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 9th 1876
4. Place of Birth (Street and Number)	#60 Rose St
5. Full Name of Mother	Martha Gloves
6. Mother's Maiden Name	Martha Thomas
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	William Gloves
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 435 Alice Anna St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Record of Vital Statistics in the City of Baltimore.

physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
days thereafter, stating distinctly the date of birth, sex, and color of the child or children
or their physical condition, whether still born or not, the full name, nativity, and residence
arents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* October 9th 1876

4. *Place of Birth* (Street and Number) 198 Chesapeake St

5. *Full Name of Mother* Eliza Mitchell

6. *Mother's Maiden Name* Eliza Stokes

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Isaac Mitchell

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel A Jarrett

Address 435 Eden Avenue

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111500

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	October 2d 1876
4. Place of Birth (Street and Number)	75 McClure Street
5. Full Name of Mother	Marie Mayers
6. Mother's Maiden Name	Marie Bekmeier
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Thomas Mayers
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 N. Broadstreet
Remarks	

RETURN OF A BIRTH.

114301

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 9 d. 1876
4. Place of Birth (Street and Number)	3 Walker Stret
5. Full Name of Mother	Friedrike Degner
6. Mother's Maiden Name	Fr. Libgar
7. Mother's Birthplace	Germany
8. Full Name of Father	Carl Degner
9. Father's Occupation	Baker
10. Father's Birthplace	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Marie R Ruediger
Address	134 N. Bond Stret
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Thd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth th 9 October 1876

4. Place of Birth (Street and Number) No 6 Jefferson Street East

5. Full Name of Mother Lizzie Pulley

6. Mother's Maiden Name Lizzie Stuard

7. Mother's Birthplace Baltimore City Md D

8. Full Name of Father Noth Thaw Pulley

9. Father's Occupation Labor

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Robt Bean

Address No 70 Chester Street

Remarks Moth Sand Chill Dairy

Bill

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Mal
2. Race or Color (if not of the white race) White
3. Date of Birth 9. October 1876
4. Place of Birth (Street and Number) Baltimore
5. Full Name of Mother Catharine Wacek
6. Mother's Maiden Name Catharine Nowak
7. Mother's Birthplace Hojkow Bohemia
8. Full Name of Father Anton Wacek
9. Father's Occupation Tailor
10. Father's Birthplace Mislow, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Poplin midwife

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11501.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 11th 1876.
4. Place of Birth (Street and Number)	25 n. Green Street.
5. Full Name of Mother	Mary Evans
6. Mother's Maiden Name	M. O'Hagan
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm Evans
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sophia Thomas
Address	50 Charles
Remarks	

14505

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth October 10
4. Place of Birth (Street and Number) 156 Eutaw St
5. Full Name of Mother Becky brown
6. Mother's Maiden Name becky Brown
7. Mother's Birthplace norfolk
8. Full Name of Father William Smith
9. Father's Occupation Clerk in a Star
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Lucy Crosher

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111506

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 5 children

1. Sex (state whether Male or Female) Male Wife

2. Race or Color (if not of the white race)

3. Date of Birth 10 of October

4. Place of Birth (Street and Number) Stall St No 5

5. Full Name of Mother Laura Kemp

6. Mother's Maiden Name Laura Essex

7. Mother's Birthplace Baltimore

8. Full Name of Father Richard Kemp

9. Father's Occupation Hatter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Marlin

Address West St No 128

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111507

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH
OCT
11
1916
BALTIMORE

No. of Child of Mother (~~*state whether 1st*~~, *2d*, ~~*3d, &c.*~~)

1. Sex (~~*state whether Male or*~~ *Female*)

2. Race or Color (~~*if not of the*~~ *white* ~~*race*~~)

3. Date of Birth October 10th 3.10 PM

4. Place of Birth (Street and Number) 107 Albemarle St

5. Full Name of Mother Mary Stiles

6. Mother's Maiden Name " Breisbaker

7. Mother's Birthplace Baltimore

8. Full Name of Father Philip Stiles

9. Father's Occupation Teamster

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Gregor Herzer M.D.

Address 11 S. High St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

14508

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th Oct 1876
4. Place of Birth (Street and Number)	44 Corky St
5. Full Name of Mother	Bridgt Curran
6. Mother's Maiden Name	Bridgt Maley
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Curran
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Miss J. Ettell
Address	No. 2 Cuba St. Locust Point
Remarks	

14509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1916 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Oct 10 White

3. Date of Birth

4. Place of Birth (Street and Number) 297 Sharp St

5. Full Name of Mother Emil Shaab

6. Mother's Maiden Name Weber

7. Mother's Birthplace Hessendamstadt

8. Full Name of Father Henry Shaab

9. Father's Occupation Book Keeper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. May Kroh

Address 328 S Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Gasfitter Gasfitter Inland 10-1-13 1044 Bridge Motey
Gasfitter Gasfitter
Gasfitter Gasfitter
Gasfitter Gasfitter

RETURN OF A BIRTH.

14510

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Oct 11th 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White. White
3. Date of Birth Oct 10th 1876
4. Place of Birth (Street and Number) 126 Lancaster St.
5. Full Name of Mother Katie Hines.
6. Mother's Maiden Name Katie Longstine
7. Mother's Birthplace Germany
8. Full Name of Father Peter Hines
9. Father's Occupation Gasfitter. Gasfitter Gasfitter Gasfitter Gasfitter
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No. 137 Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111511

HEALTH DEPARTMENT
OCT
13
1916
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 10th 1916.
4. Place of Birth (Street and Number)	Chester st No 253
5. Full Name of Mother	Julia Ellenhaus
6. Mother's Maiden Name	" Heiser
7. Mother's Birthplace	Germ
8. Full Name of Father	Chas Ellenhaus
9. Father's Occupation	Engineer
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schmidt
Address	Midwife
Remarks	320 Alice Anna st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14512
14513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

These are two twins

Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 3 Third
(state whether Male or Female)	Color male
e or Color (if not of the white race)	african Light Brown
e of Birth	Born octo 10 1876
ce of Birth (Street and Number)	Louis Street No 49
l Name of Mother	Lousia Ebison
her's Maiden Name	Lousia Smith
her's Birthplace	Esset County Virginia
l Name of Father	John Ebison
her's Occupation	hodler
her's Birthplace	Esset County Virginia
me of Medical Attendant, or other Person who makes this Return.	Baldwin No 924 E Eter St
dress	Horace Commons
marks Midwife	S Eliza Commons

Resident No 45 East Street Bat

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11518
111511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d & 4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 10th 1876
4. Place of Birth (Street and Number)	1.593 Eutaw st.
5. Full Name of Mother	Lena Heim
6. Mother's Maiden Name	Bush
7. Mother's Birthplace	America
8. Full Name of Father	George Heim
9. Father's Occupation	Glass blower
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeyer midwife
Address	213 Cross st.
Remarks	

14515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 10th 1876
4. Place of Birth (Street and Number) No 106 Greenmount Ave
5. Full Name of Mother Mary Gerhold
6. Mother's Maiden Name Mary Sterzer
7. Mother's Birthplace Germany
8. Full Name of Father Charles Gerhold
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 152 C Monument 4

Remarks

Birth Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1st October 1876
4. *Place of Birth (Street and Number)* 87 Stiles St
5. *Full Name of Mother* Margaret Farrell
6. *Mother's Maiden Name* Paul
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Henry Farrell
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Kasper

Address 526 Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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111517

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 10th 1876
4. Place of Birth (Street and Number)	# 1 Parish alley
5. Full Name of Mother	
6. Mother's Maiden Name	Jennie Brown
7. Mother's Birthplace	
8. Full Name of Father	Thomas Watkins
9. Father's Occupation	Waiter
10. Father's Birthplace	
Name of ~~Medical Attendant~~, or other Person who makes this Return.	Hannah Reed
Address	# 1 Parish alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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14318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	first child
1. Sex (state whether Male or Female)	colored female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	October 12th 1876
4. Place of Birth (Street and Number)	147 South caroline st
5. Full Name of Mother	Eliza Culbert
6. Mother's Maiden Name	Eliza Jenkins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Culbert
9. Father's Occupation	Boot Dyer
10. Father's Birthplace	Salem & Salem
Name of Medical Attendant, or other Person who makes this Return.	Lear Walters
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14519

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 10th
4. Place of Birth (Street and Number)	No 225 N. Paca St
5. Full Name of Mother	Ella Easter
6. Mother's Maiden Name	Ella Rogers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Hanly Easter
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Reffin Bucher
Address	135 N Charles
Remarks	

RETURN OF A BIRTH.

114520

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Ktober 10th
4. Place of Birth (Street and Number)	No 220 Pealvert St
5. Full Name of Mother	Turner Brown
6. Mother's Maiden Name	Turner Macfarland
7. Mother's Birthplace	Virginia
8. Full Name of Father	Wilcox Brown
9. Father's Occupation	Banker
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler MD
Address	135 St Charles St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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14521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 25 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 10 1876
4. Place of Birth (Street and Number) 2 3 1 Bank St.
5. Full Name of Mother Lizzie Sapp
6. Mother's Maiden Name Wheatley
7. Mother's Birthplace Balto. City
8. Full Name of Father John H. Sapp
9. Father's Occupation Carpenter
10. Father's Birthplace Balto. Co.

Name of Medical Attendant, or other Person who makes this Return. M. J. Stanley

Address 2 4 4, Bank St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14522

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth October 11th 1876
4. Place of Birth (Street and Number) No 79. N. Fremont St. Balto Md
5. Full Name of Mother Mrs. D. Knapp
6. Mother's Maiden Name D. Weber
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Knapp
9. Father's Occupation Carriage Smith
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharina Sneberg

Address 439 West Lexington St

Remarks

HEALTH OF BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111523

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* October 11th 1876
4. *Place of Birth* (Street and Number) No 165 Conway St
5. *Full Name of Mother* Frances Martina Shultz
6. *Mother's Maiden Name* Frances, Jr. Long
7. *Mother's Birthplace* Baden Germany
8. *Full Name of Father* Emil Shultz
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Thos. F. Ames

Address No 23 S. Eutaw St.

Remarks

HEALTH DEPARTMENT OCT 12 1876 BALTIMORE

RETURN OF A BIRTH.

114524

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	October 11th 1876.
4. Place of Birth (Street and Number)	Battery Av: No 119.
5. Full Name of Mother	Elizabeth Rode.
6. Mother's Maiden Name	Elizabeth Bette.
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	John Rode.
9. Father's Occupation	Butcher.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Browne
Address	114 Battery Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 11th Oct. '76
4. Place of Birth (Street and Number) 152 North Calhoun St
5. Full Name of Mother Josephine Habigherst
6. Mother's Maiden Name Josephine Gebright
7. Mother's Birthplace Balt. Md
8. Full Name of Father George Habigherst
9. Father's Occupation Clerk
10. Father's Birthplace Boston Mass.

Name of Medical Attendant, or other Person who makes this Return. John F. Monmanier M.D.

Address S.W. Cor. Calvert & Read St.

Remarks

born, as of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111526

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 October
4. Place of Birth (Street and Number)	78 Pleasant St
5. Full Name of Mother	Mary Noonan
6. Mother's Maiden Name	Mahenaney
7. Mother's Birthplace	Ireland
8. Full Name of Father	Jerry Noonan
9. Father's Occupation	Packing House
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chimmer
Address	No 19 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111627

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	11 Oct. 1876
4. Place of Birth (Street and Number)	140 E. Pratt St.
5. Full Name of Mother	Eva Fischer
6. Mother's Maiden Name	Eckhardt
7. Mother's Birthplace	Germany
8. Full Name of Father	John Fischer
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	151 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114528

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* October 11th 1876

4. *Place of Birth* (Street and Number) No 6 Calverton Road

5. *Full Name of Mother* Lizzie A Strogler

6. *Mother's Maiden Name* Strogler

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Andrew J Strogler

9. *Father's Occupation* Calculator

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Sinclair

Address No 818 Pratt St

Remarks

GIVEN NAME ADDED 10-21-54

11529.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1876 BALTIMORE

Lillian Blanche Wheeler.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 17 October 1876

4. Place of Birth (Street and Number) 146 North west st

5. Full Name of Mother Annie E. Wheeler

6. Mother's Maiden Name Glockler

7. Mother's Birthplace St Marys county

8. Full Name of Father George H. Wheeler

9. Father's Occupation Mariner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Allwell

Address 186 Mc Dough st

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	October 11th
4. Place of Birth (Street and Number)	No. 495 N. Fremont St
5. Full Name of Mother	Harriet N. Rock
6. Mother's Maiden Name	" Trimble
7. Mother's Birthplace	Bath County
8. Full Name of Father	Warner T. Rock
9. Father's Occupation	Painter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burchell M.D.
Address	141 Hanover St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111331

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	October 12th 1876.
4. Place of Birth (Street and Number)	122 S. Green St.
5. Full Name of Mother	Sarah Dougherty.
6. Mother's Maiden Name	" McCormick.
7. Mother's Birthplace	Ireland -
8. Full Name of Father	Jno. Dougherty,
9. Father's Occupation	Laborer -
10. Father's Birthplace	Ireland -
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	95 S. Sharp St.
Remarks	Child living

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third child.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 12.

4. Place of Birth (Street and Number) No 17 Wyeth st.

5. Full Name of Mother Rebecca E Hurley.

6. Mother's Maiden Name Rebecca E Winger.

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John L. Hurley.

9. Father's Occupation Sailor.

10. Father's Birthplace Dorchester Co.

Name of Medical Attendant, or other Person who makes this Return. Katharina Sunbach.

Address 439 West Lexington st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female child
2. Race or Color (if not of the white race) White child
3. Date of Birth Born 12th October
4. Place of Birth (Street and Number) 48 Portland Street
5. Full Name of Mother Elizabeth Miller
6. Mother's Maiden Name Elizabeth Moker
7. Mother's Birthplace Baltimore
8. Full Name of Father Andrew Miller
9. Father's Occupation A Blacksmith
10. Father's Birthplace Germany Bavarian

Name of Medical Attendant, or other Person who makes this Return. Katharine Sunlock

Address 439 West Lenett St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1145311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 3 1917 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 12 1878
4. Place of Birth (Street and Number)	61 yrs
5. Full Name of Mother	Nellie Preston
6. Mother's Maiden Name	Nellie McNeil
7. Mother's Birthplace	Balto
8. Full Name of Father	Thos Preston
9. Father's Occupation	Engineer at Observatory
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 N Gaurin St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

711533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 12th 1874
4. Place of Birth (Street and Number)	No. 471 E. Lombard St.
5. Full Name of Mother	Sallie Buxton Shaffer
6. Mother's Maiden Name	" " Skinner
7. Mother's Birthplace	Balto. City
8. Full Name of Father	James Frederick Shaffer
9 Father's Occupation	Bank Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	E. P. Irons M.D.
Address	406 E. Balto. St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14536

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 10th
4. Place of Birth (Street and Number)	No 43 Fall pt
5. Full Name of Mother	Maggie) Trautfelder
6. Mother's Maiden Name	Davis
7. Mother's Birthplace	City
8. Full Name of Father	Henry Trautfelder
9. Father's Occupation	Laborer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st
Remarks	

RETURN OF A BIRTH.

11637

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 th of October 1876
4. *Place of Birth (Street and Number)* 72 north Chester
5. *Full Name of Mother* Emma Jane Crawford
6. *Mother's Maiden Name* Emma J Seward
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Wm J C Crawford
9. *Father's Occupation* brick mason
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White race
3. Date of Birth 12th of October 1876,
4. Place of Birth (Street and Number) No 1.25 Drood Hill av.
5. Full Name of Mother Mary Lane
6. Mother's Maiden Name Mary Whitcoul,
7. Mother's Birthplace in ~~Ireland~~ Baltimore
8. Full Name of Father Isaac Lane
9. Father's Occupation a Hoseler
10. Father's Birthplace in Ireland.

Name of Medical Attendant, or other Person who makes this Return. Midwife Steres & Eigelbinger

Address No 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 ond

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth 316 alice ann street Oct 12th 1876
4. Place of Birth (Street and Number) 316 alice ann Street
5. Full Name of Mother Eliza Yates mcgeeny
6. Mother's Maiden Name Eliza yates
7. Mother's Birthplace america
8. Full Name of Father Owen mcgeeny
9. Father's Occupation Laborer
10. Father's Birthplace america

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simmons

Address 1785 Chapel st

Remarks F P

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14540

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 12th 1876
4. Place of Birth (Street and Number) 225 Chew St.
5. Full Name of Mother Arabella Mitchell
6. Mother's Maiden Name Arabella Stansbury
7. Mother's Birthplace Patapsco Neck Balto Co
8. Full Name of Father Frances Ignatius Mitchell
9. Father's Occupation Agent
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. James E Downille MD

Address 299 E Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1145 11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 12
4. Place of Birth (Street and Number)	437 Light St
5. Full Name of Mother	Mary Hurd
6. Mother's Maiden Name	Brant
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Hurd
9. Father's Occupation	Boxmaker
10. Father's Birthplace	Pa
Name of Medical Attendant, or other Person who makes this Return.	Mary Horn
Address	328 S Eutaw St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14542

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2 nd

1. *Sex* (state whether Male or Female) Female twin to the
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 12th of Oct. 1876
4. *Place of Birth* (Street and Number) No 12 Frederick Ave.
5. *Full Name of Mother* Mayer Lueder
6. *Mother's Maiden Name* M. Rush
7. *Mother's Birthplace* born in Prussia Germany.
8. *Full Name of Father* Ferdinant Lueder
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in Prusia Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Killar

Address

Remarks

1/41

14543

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether Male or Female) Knabe.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 12. Octr. 1876.
4. Place of Birth (Street and Number) Canton. O, Donell Street.
5. Full Name of Mother Eliesabeth Dorn.
6. Mother's Maiden Name Feldmann.
7. Mother's Birthplace Oldenburg
8. Full Name of Father Anton Dorn.
9. Father's Occupation Farmer.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address Elliott Street. 61.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

114544

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	female.
2. Race or Color (if not of the white race)	
3. Date of Birth	12 October 1896
4. Place of Birth (Street and Number)	102 Baugh St.
5. Full Name of Mother	Mary Frank
6. Mother's Maiden Name	Harvey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Frank
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Clark Carter
Address	526 Lombard St
Remarks	

14 14545

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 12th 1876
4. *Place of Birth (Street and Number)* 138 E. Pratt St.
5. *Full Name of Mother* Anna Fisher
6. *Mother's Maiden Name* Anna Steinmetz
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* George Fisher
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Frankdorf

Name of Medical Attendant, or other Person who makes this Return. M. Lederer

Address 25 S. Durham St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14516

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	N 14.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	October 12 1876
4. *Place of Birth (Street and Number)*	Cross st N. 139
5. *Full Name of Mother*	Mary Jinkens
6. *Mother's Maiden Name*	Mary Wheatly
7. *Mother's Birthplace*	Dorchester County M D
8. *Full Name of Father*	Walter Leven Jinkens
9. *Father's Occupation*	Ship Carpenter
10. *Father's Birthplace*	Dorchester County M D
Name of Medical Attendant, or other Person who makes this Return.	Elenora Stockett
Address	Light St 3. 40
Remarks	Baltimora M D

RETURN OF A BIRTH.

14547

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 12th 1876
4. Place of Birth (Street and Number)	Baltimore Locust No. 239
5. Full Name of Mother	Louisa Connely
6. Mother's Maiden Name	" Looney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Connely
9. Father's Occupation	Paper-Hanger
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. L. Mitchell
Address	No. 122 Parkin st.
Remarks	—

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1 V

11548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 12th 1876
4. Place of Birth (Street and Number)	160, E. Monument Street
5. Full Name of Mother	Sarah Ann Thurgerson
6. Mother's Maiden Name	" " Brown
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James L. H. Thurgerson
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Charles H. Thomas M.D.
Address	85, E. Baltimore Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14549

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 12. 1876
4. Place of Birth (Street and Number)	1240. N. Caroline St.
5. Full Name of Mother	Ella V. Bartholomew
6. Mother's Maiden Name	Ella V. Lacy
7. Mother's Birthplace	Richmond Virginia
8. Full Name of Father	Thomas Bartholomew
9. Father's Occupation	Carpenter Baker
10. Father's Birthplace	Tennessee
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull.
Address	No 181 N. Central avenue Balto. City
Remarks	Both Well.

per Katie

14550

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* 12 ap octobrem
4. *Place of Birth (Street and Number)* Sharte allyn 4
5. *Full Name of Mother* maryann johnson
6. *Mother's Maiden Name* ~~[illegible]~~ maryann green
7. *Mother's Birthplace* Birth place eastern
8. *Full Name of Father* han johnston
9. *Father's Occupation* printing offes
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14551

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	Octobe 12th
4. Place of Birth (Street and Number)	139 W Fayette
5. Full Name of Mother	Emily
6. Mother's Maiden Name	Praeger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Emil Fisher
9. Father's Occupation	Scourer & Dyer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	137 W Fayette St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11552

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female;

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 13th 1876.

4. Place of Birth (Street and Number) 46 N. Strieker St

5. Full Name of Mother Lucy Lee Shettle

6. Mother's Maiden Name Edmondson

7. Mother's Birthplace Norfolk Va.

8. Full Name of Father Hunter L. Shettle

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. K. Fetterhoff M.D.

Address 77 George St.

Remarks Child healthy & doing well, the Mother also

14553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Octo 13
4. Place of Birth (Street and Number) 29 Walker St
5. Full Name of Mother Sophia Brady
6. Mother's Maiden Name Sophia Mundendorf
7. Mother's Birthplace Germany
8. Full Name of Father Charley Haver
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharina Seubach.

Address 439 West Lenth St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 13th 1874
4. Place of Birth (Street and Number)	Baltimore, York Street No. 102
5. Full Name of Mother	Mary Reynolds
6. Mother's Maiden Name	Mary Leech
7. Mother's Birthplace	County Roscommon Ireland.
8. Full Name of Father	Michial Reynolds
9. Father's Occupation	drayman
10. Father's Birthplace	County Roscommon Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No 236 Montgomery Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 13/76

4. Place of Birth (Street and Number) 288 German St.

5. Full Name of Mother Julia Mask

6. Mother's Maiden Name " Fuller

7. Mother's Birthplace Balto Md

8. Full Name of Father Chas M Mask

9. Father's Occupation Mechanic

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Sciarra Md

Address 379 W Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 13th 1876.
4. Place of Birth (Street and Number)	8 W Baltimore St
5. Full Name of Mother	Margaret Brown
6. Mother's Maiden Name	Margaret Kampher
7. Mother's Birthplace	Maryland
8. Full Name of Father	Geo W Brown
9. Father's Occupation	Confectioner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell
Address	114 E Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14537

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	Thirteen Day of October 1876
4. Place of Birth (Street and Number)	No 194 Warner Street
5. Full Name of Mother	Josephine Johnson
6. Mother's Maiden Name	Josephine Brown
7. Mother's Birthplace	Kent Island
8. Full Name of Father	Charles Francis Johnson
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Va. to. City
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Ann Johnson
Address	No 191 Warner St
Remarks	

Over

14555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 13 d. 1876
4. Place of Birth (Street and Number)	60 Grenmaun Ave
5. Full Name of Mother	(Luise Britel) Louise Bregel
6. Mother's Maiden Name	(L. Schneider) Louise Snyder
7. Mother's Birthplace	Baltimor
8. Full Name of Father	(Heinrich Britel) Henry Bregel
9. Father's Occupation	Tailler
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 N. Bond Strit
Remarks	Full name of child - Harry Eugen Bregel.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14559

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 9.

1. *Sex* (*state whether Male or Female*) Female.
2. *Race or Color* (*if not of the white race*) mulatto.
3. *Date of Birth* ~~Baltimore~~ 13. Oct. 1876.
4. *Place of Birth* (*Street and Number*) Baltimore County Street. 125.
5. *Full Name of Mother* Dorothea Niedemeyer
6. *Mother's Maiden Name* Egers.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Ferdinand Niedemeyer.
9. *Father's Occupation* Tagelöhner
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Anna Simmen

Address Ellis St Street. 61.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14560

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 13.

4. Place of Birth (Street and Number) Baltimore No 119 Spring st

5. Full Name of Mother Emma Colemann

6. Mother's Maiden Name Schweicher

7. Mother's Birthplace Germany

8. Full Name of Father Henry Colemann

9. Father's Occupation none

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Dithmar

Address No 70 Granby st

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 13 October 1876

4. Place of Birth (Street and Number) 175 S. Madeira Alley

5. Full Name of Mother E. K. Prash

6. Mother's Maiden Name E. K. Wiklein

7. Mother's Birthplace Bavaria

8. Full Name of Father Jacob Prash

9. Father's Occupation

10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Address R. Leederer

Remarks 25 S. Durham St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111562

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13 October 209 Chestnut St
4. Place of Birth (Street and Number)	209 Chestnut St
5. Full Name of Mother	Jane McDonell
6. Mother's Maiden Name	Moore
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George M McDonnell
9. Father's Occupation	Carpenter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 9 Forest St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ter Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 13th 1876.
4. *Place of Birth (Street and Number)* Lancaster St. No. 11.
5. *Full Name of Mother* Mary A. Hurler
6. *Mother's Maiden Name* Mary A. Lynch
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Hurler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* County Clare. Ir. Gr. Britannien. Europa

Name of Medical Attendant, or other Person who makes this Return. Mary E. Keller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 13th 1876
4. Place of Birth (Street and Number)	No 150 S Caroline st
5. Full Name of Mother	Rebel Robb
6. Mother's Maiden Name	Dispeaux
7. Mother's Birthplace	City
8. Full Name of Father	John A. Robb
9. Father's Occupation	Puddler
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	120 Bank st
Remarks	

RETURN OF A BIRTH.

14565

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 18. 76
4. Place of Birth (Street and Number)	64 N. Fremont St
5. Full Name of Mother	Amelia Fredericks
6. Mother's Maiden Name	Moll
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	Gustave Fredericks
9. Father's Occupation	Barber
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Lewis M. Eastman
Address	34 Y [illegible]
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14566

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Oct. 14th 1896
4. Place of Birth (Street and Number) 14 S. Wash. St.
5. Full Name of Mother Laura V. Groves
6. Mother's Maiden Name " " Brewerson
7. Mother's Birthplace Balt. Co.
8. Full Name of Father William Groves
9. Father's Occupation Carpenter
10. Father's Birthplace Charles Co. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rink M.D.

Address Balt & Wash St.

Remarks Natural

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14567

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 14th 1916
4. Place of Birth (Street and Number) 172 S. Chester st
5. Full Name of Mother Almira Frances Baldwin
6. Mother's Maiden Name Almira Frances Delmas
7. Mother's Birthplace Baltimore
8. Full Name of Father John Baldwin
9. Father's Occupation Foreman
10. Father's Birthplace Havre de grace

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address 178 S. Chapel street

Remarks F P

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14568

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 14th of October
4. Place of Birth (Street and Number) Pearl St. 75
5. Full Name of Mother Clara Cox
6. Mother's Maiden Name Clara Reeden
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Edward Cox
9. Father's Occupation Upholsterer
10. Father's Birthplace Vixburg Miss

Name of Medical Attendant, or other Person who makes this Return. J. A. Hellmann MD

Address 120 Pearl St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111569

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)		2nd
1. Sex (state whether Male or Female)		White
2. Race or Color (if not of the white race)		Female
3. Date of Birth		Oct 14th 1876
4. Place of Birth (Street and Number)		151 Hanford Ave
5. Full Name of Mother		Emma Owens
6. Mother's Maiden Name	(The same)	Emma Owens
7. Mother's Birthplace		Maryland
8. Full Name of Father		Joseph Owens
9. Father's Occupation		Lumber Dealer
10. Father's Birthplace		Maryland
Name of Medical Attendant, or other Person who makes this Return.		D W Cathell MD
Address		1 E Eutaw St
Remarks		

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 14th of Oct.

4. Place of Birth (Street and Number) No. 178 S. Bond St.

5. Full Name of Mother Louise Clara Johanna

6. Mother's Maiden Name Gerstenberger

7. Mother's Birthplace Danzig (Prussia)

8. Full Name of Father Fredrick John Hendricks

9. Father's Occupation Boomaker

10. Father's Birthplace Danzig

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address No. 201 South Bond

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second child

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) col

3. Date of Birth Oct 14 1876

4. Place of Birth (Street and Number) N° 20 Sterling st Balt

5. Full Name of Mother Alice Marshall

6. Mother's Maiden Name Alice Parker

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Silas Marshall

9. Father's Occupation Butcher

10. Father's Birthplace Balto co Md

Name of Medical Attendant, or other Person who makes this Return. J H Sutton M D

Address 28 Franklin

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11572

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October the 14th 1876
4. Place of Birth (Street and Number)	92 Harrison Street
5. Full Name of Mother	Chatherina Lehman
6. Mother's Maiden Name	" " " Wiegel
7. Mother's Birthplace	Germany
8. Full Name of Father	August Lehman
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reiz
Address	26 N Frederick Street
Remarks	

14573

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 14th 1876
4. Place of Birth (Street and Number) 2011 Ensor St
5. Full Name of Mother Anna Mary Franz
6. Mother's Maiden Name Anna Mary Kann
7. Mother's Birthplace Germany
8. Full Name of Father Edward Franz
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address No 182 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

145711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex (state whether Male or Female)* Boj
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 Oktober
4. *Place of Birth (Street and Number)* 151 Register Stret
5. *Full Name of Mother* Kejdy Kisner
6. *Mother's Maiden Name* Zajfert
7. *Mother's Birthplace* Bajern
8. *Full Name of Father* Teodor Zajfard
9. *Father's Occupation* —
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Maria Gättner

Address Wolf Stret No 245

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111575

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 14th 1876

4. Place of Birth (Street and Number) Cor ~~Eastern~~ Wilson & Dolphin

5. Full Name of Mother Emma M. Stine

6. Mother's Maiden Name Emma M. Flemmons.

7. Mother's Birthplace Balto.

8. Full Name of Father T. S. Stine

9. Father's Occupation Merchant Tailor

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Christopher Johnston M.D.

Address

Remarks #12 Franklin St.

RETURN OF A BIRTH.

11576

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Oct 14th 1875
4. *Place of Birth* (Street and Number)	No 26 Walsh st
5. *Full Name of Mother*	Dory Manstaer
6. *Mother's Maiden Name*	" Stark
7. *Mother's Birthplace*	Byer
8. *Full Name of Father*	John Manstaer
9. *Father's Occupation*	Sabor
10. *Father's Birthplace*	Byer
Name of Medical Attendant, or other Person who makes this Return.	Elize Schmitt
Address	1st 476 B. A.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 19th 1876
4. Place of Birth (Street and Number) No 1. 50 C Monument st
5. Full Name of Mother Emma Westphal
6. Mother's Maiden Name Emma Schmidt
7. Mother's Birthplace Germany
8. Full Name of Father Henry Wm Westphal
9. Father's Occupation Carpenter and Builder
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 1 82 C Monument st

Remarks

Birth of Regi-rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1115 78

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 14th 1876
4. Place of Birth (Street and Number)	109 Washington
5. Full Name of Mother	Ana Britsch
6. Mother's Maiden Name	Ana Weber
7. Mother's Birthplace	Germane
8. Full Name of Father	Heinrich Britsch
9. Father's Occupation	Loeberer
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 n. Bondstrt
Remarks	

Extract Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114579

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 14, 1876
4. Place of Birth (Street and Number)	No 110 Corbin st
5. Full Name of Mother	Emma F Abey
6. Mother's Maiden Name	" Snyder
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo David Snyder
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111551

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 14th 1876
4. *Place of Birth (Street and Number)* Allen Inn St. No. 203.
5. *Full Name of Mother* Lizzie Krutz
6. *Mother's Maiden Name* Lizzie Beck.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Krutz
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111581

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 14th 1876
4. Place of Birth (Street and Number)	159 Eastern Ave
5. Full Name of Mother	Maggeretta Schilling
6. Mother's Maiden Name	Gold
7. Mother's Birthplace	Germany
8. Full Name of Father	David Schilling
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st
Remarks	

14582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Oct 14th 1876
4. Place of Birth (Street and Number) Cor Bethel & Pratt str
5. Full Name of Mother Louisa Reichel
6. Mother's Maiden Name Plitt
7. Mother's Birthplace Germany
8. Full Name of Father Johann Reichel
9. Father's Occupation Grocer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11583

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female).* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 Oct.
4. *Place of Birth (Street and Number)* 35 Barnes St
5. *Full Name of Mother* Marie Beran
6. *Mother's Maiden Name* " Kneis
7. *Mother's Birthplace* Chlum Bohemia
8. *Full Name of Father* John Beran
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Vaeck

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 21 Barnes St

Remarks

111584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Oct 14 1876
4. *Place of Birth* (Street and Number)	No. 16 Hill St
5. *Full Name of Mother*	Sarah J Thomas
6. *Mother's Maiden Name*	Sarah J Penton
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	Capt. B F Thomas
9. *Father's Occupation*	Mariner
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M. D.
Address	17 Warren Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11585

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 14th 1876
4. Place of Birth (Street and Number)	No. 110 Fair Mt Avenue
5. Full Name of Mother	Elizabeth Schotts
6. Mother's Maiden Name	Elizabeth Sheffer
7. Mother's Birthplace	Md
8. Full Name of Father	Simon Schotts
9. Father's Occupation	Bank Teller
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D.
Address	17 Warren Av
Remarks	

5-D/11

HEALTH DEPARTMENT NOV 6 1876 BALTIMORE

RETURN OF A BIRTH.

114356

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

X

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	October 15th 1876.
4. Place of Birth (Street and Number)	382 S. Charles St.
5. Full Name of Mother	Anna M. Doyle.
6. Mother's Maiden Name	" " Kenny.
7. Mother's Birthplace	Canada.
8. Full Name of Father	Frank Doyle.
9. Father's Occupation	Policeman
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Hall. M. D.
Address	158 S. Sharp St.
Remarks	Child Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 15th October 1876
4. Place of Birth (Street and Number) 125 Pratt St.
5. Full Name of Mother Carrie Flandörfer
6. Mother's Maiden Name Wetterhahn
7. Mother's Birthplace U. States of America
8. Full Name of Father Winter x
9. Father's Occupation x T. Flandörfer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Leonard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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14588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th Child

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth October 15th 1876 10 30 P.M.
4. Place of Birth (Street and Number) 69 S. Caroline St.
5. Full Name of Mother Catharine Sebreze
6. Mother's Maiden Name Catharine Craft
7. Mother's Birthplace Balto City
8. Full Name of Father John Thomas Sebreze
9. Father's Occupation Fuel Store
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James E. Downelle M.D.

Address 299 E Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

17589

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th Oct. 1876
4. Place of Birth (Street and Number)	403 Light St. Balto
5. Full Name of Mother	Mary Carter
6. Mother's Maiden Name	Mary Siffron
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry Carter
9. Father's Occupation	Cooper
10. Father's Birthplace	Cumberland Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caskey
Address	415 Hamburg St.
Remarks	doing well

14590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 15th 1816

4. Place of Birth (Street and Number) Blair Avenue no number

5. Full Name of Mother Cresens Berger

6. Mother's Maiden Name Cresens Grandi

7. Mother's Birthplace Germany

8. Full Name of Father Bernard Berger

9. Father's Occupation Beer Brewer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Killegeist

Address No 182 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

10-5-91

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 15th 1896.
4. Place of Birth (Street and Number)	670 W. Pratt St.
5. ~~Full Name of~~ Mother's Maiden name	Mary Larkins
6. Mother's ~~Maiden Name~~ Full name	Mary Mahoney
7. Mother's Birthplace	Maryland
8. Full Name of Father	James Mahoney.
9. Father's Occupation	Machinist
10. Father's Birthplace	Massachusetts
Name of Medical Attendant, or other Person who makes this Return.	A. H. Sefton. M.D.
Address	543 Lexington St
Remarks	"

~~14592~~
14592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 15 October
4. *Place of Birth (Street and Number)* 142 Caroline St
5. *Full Name of Mother* Caroline Johnston
6. *Mother's Maiden Name* Chase
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Lusien Johnston
9. *Father's Occupation* Poster
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Chrismer

Address No 18 Forrest Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11393

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	15 October
4. Place of Birth (Street and Number)	No 6 St James St
5. Full Name of Mother	Josephine Butler Woods
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Butler
9. Father's Occupation	Grain Cleaner
10. Father's Birthplace	Annoplis
Name of Medical Attendant, or other Person who makes this Return.	Ursula F Chrimmer
Address	No 19 Garrett Place
Remarks	

1115911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th / 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 15th 1876 (Still born)
4. Place of Birth (Street and Number)	No 2 Forest st
5. Full Name of Mother	Cassy Barry
6. Mother's Maiden Name	Cassy McClane
7. Mother's Birthplace	Maryland
8. Full Name of Father	Sa Barry
9. Father's Occupation	Oyster Packer
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Annie (mark) Collins
Address	No 2 Forest St.
Remarks	Child was still born

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111595

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
(state whether Male or Female)	Male
ce or Color (if not of the white race)	White
e of Birth	October 15th 1896
ce of Birth (Street and Number)	62 South Stricker St
l Name of Mother	Annie Knitker
her's Maiden Name	Annie Martin
her's Birthplace	Baeto
l Name of Father	Napoleon B Knitker
her's Occupation	Book Keeper
her's Birthplace	Bedford Co Pa
me of Medical Attendant, or other Person who make this Return.	Mary Martin
dress	162 East St
marks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14596

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	15th inst of October
4. Place of Birth (Street and Number)	No 5. St Paul court
5. Full Name of Mother	Susan Adams
6. Mother's Maiden Name	
7. Mother's Birthplace	Severn river Md
8. Full Name of Father	farther is unknown
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	[redacted] B Ben Dubs 42 Shaft Street
Address	
Remarks	

14597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 15th 1876 ~~24 S. Carey St.~~
4. Place of Birth (Street and Number) 24 S. Carey St.
5. Full Name of Mother Virginia Robinson
6. Mother's Maiden Name Collins
7. Mother's Birthplace Rostrevor, Ann Arundel Co.
8. Full Name of Father George Stuart Robinson
9. Father's Occupation Merchant
10. Father's Birthplace West River

Name of Medical Attendant, or other Person who makes this Return. William W. Murray M.D.

Address No. 10 N. Carey St.

Remarks

Extract Regulations in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11598

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 h.
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (if not of the white race)	
3. Date of Birth	October 15
4. Place of Birth (Street and Number)	10. Camden st.
5. Full Name of Mother	Ida
6. Mother's Maiden Name	Schildesheim
7. Mother's Birthplace	Germany
8. Full Name of Father	Blomon Bernstein
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Ritterauer D
Address	139 W Fayette st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114399

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

X

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 16th 1876
4. *Place of Birth (Street and Number)* 317 Eastern avenue
5. *Full Name of Mother* Emma Wesley mitchell
6. *Mother's Maiden Name* Emma Whatley Mitchell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Luther Cuthbert Mitchell
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Dorchester county Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address 118 S Chapel st

Remarks

14600

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 16th 1876.
4. Place of Birth (Street and Number)	144 Vine Street.
5. Full Name of Mother	Amalia Danecke
6. Mother's Maiden Name	A. Wolf
7. Mother's Birthplace	Saxon Germany
8. Full Name of Father	Charles Danecke
9. Father's Occupation	Locksmith
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Menzel
Address	56 Pearl St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114601

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Colored Child
3. Date of Birth	Born on October the 16 1876
4. Place of Birth (Street and Number)	No 95 Chesnut Street
5. Full Name of Mother	
6. Mother's Maiden Name	Sarah Lizzie Day
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	†
9. Father's Occupation	
10. Father's Birthplace	†
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address	16 97 Chesnut Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11602

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st. Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* October 16th 10 A.M. 1876
4. *Place of Birth* (Street and Number) 336 E Pratt
5. *Full Name of Mother* Emma Pauline Williams
6. *Mother's Maiden Name* Emma Pauline Cook
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Monroe Williams
9. *Father's Occupation* Store Moulder
10. *Father's Birthplace* Gloucester Co. Virginia

Name of Medical Attendant, or other Person who makes this Return. James E. Sidwell M.D

Address 219 E Baltimore St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14603

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 16th 1876
4. Place of Birth (Street and Number)	No. 184 Chestnut st
5. Full Name of Mother	Mary Green
6. Mother's Maiden Name	Mary Gannaway
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Horace Green
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno H. Wiggest
Address	No 182 E Fayette st
Remarks	

146011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 16
4. Place of Birth (Street and Number)	466 W. Baltimore St.
5. Full Name of Mother	Rachel Goldman
6. Mother's Maiden Name	R. Selig
7. Mother's Birthplace	Poland
8. Full Name of Father	Jacob Goldman
9. Father's Occupation	Dealer in Notions
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56. Earl St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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14605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Chrildren

1. Sex (state whether Male or Female) A Male
2. Race or Color (if not of the white race) White
3. Date of Birth 16th of October
4. Place of Birth (Street and Number) 51 Portland street
5. Full Name of Mother Carrie Immiler
6. Mother's Maiden Name Carrie Klein
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles C Immiler
9. Father's Occupation Shoemaker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharina Umbach

Address 437 West Lewis St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	~~27 October~~ White
3. Date of Birth	27 October 16 Davis St
4. Place of Birth (Street and Number)	16 Davis St
5. Full Name of Mother	Mary Joyce
6. Mother's Maiden Name	Divin
7. Mother's Birthplace	Ireland
8. Full Name of Father	Martin Joyce
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 19 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14607

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 8 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 16th 1876
4. *Place of Birth (Street and Number)* 480 Eastern Avenue
5. *Full Name of Mother* Anna Blank Sander
6. *Mother's Maiden Name* Anna Blank
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Fredk Sander
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Wm. Mary & Simons

Address No 178 S. Chapel St.

Remarks Seven month baby, sickly from its birth.

14608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 16th of October

4. Place of Birth (Street and Number) No 353 Cathedral St

5. Full Name of Mother Ellen Riley

6. Mother's Maiden Name Ortheifer

7. Mother's Birthplace Baltimore

8. Full Name of Father Patrick Riley

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth Oct. 16th 1876
4. Place of Birth (Street and Number) 347 W. Fayette st
5. Full Name of Mother Virginia Dyer
6. Mother's Maiden Name Virginia Frazier
7. Mother's Birthplace Baltimore
8. Full Name of Father Walter Dyer Jr
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. B. Griffith

Address 60 Mt Bullock st

Remarks

Extract Regulations of Record of Vital Statistics in the City of Baltimore.

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14610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Oct. 16th 1876.

4. Place of Birth (Street and Number) 24 S. Collington Ave.

5. Full Name of Mother Mary K. Brown

6. Mother's Maiden Name " " Bryan

7. Mother's Birthplace Balt. Co.

8. Full Name of Father John H. Brown

9. Father's Occupation Conductor, car

10. Father's Birthplace Balt. Co.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rusk M.D.

Address Balt. & Pash. sts.

Remarks Delivered with forceps

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1976 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 16th 76.
4. Place of Birth (Street and Number)	Lancaster st No. 145
5. Full Name of Mother	Paulina Nelson
6. Mother's Maiden Name	Shay.
7. Mother's Birthplace	Balto
8. Full Name of Father	Charles Nelson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuttle
Address	Physician 320 Albemarle st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Respect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111,121

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 Oct
4. Place of Birth (Street and Number)	34 Hoff St
5. Full Name of Mother	Franziska Sindra
6. Mother's Maiden Name	" " Pelz
7. Mother's Birthplace	Sirkov Bohemia
8. Full Name of Father	John Sindra
9. Father's Occupation	Laborer
10. Father's Birthplace	Voylechov
Name of Medical Attendant, or other Person who makes this Return.	J. Konrad
Address	No 20 Barnes
Remarks	

14413

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Collard
3. *Date of Birth* octo 16
4. *Place of Birth (Street and Number)* 151 Bethel st
5. *Full Name of Mother* mary davis
6. *Mother's Maiden Name* mary giles
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John davis
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs lear Johnson

Address no 32 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

146144

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Oct 16th 1896
4. *Place of Birth* (Street and Number) N 174 N Calvert St
5. *Full Name of Mother* Laura Ann Starke
6. *Mother's Maiden Name* Laura Ann Placide
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alexander L Starke
9. *Father's Occupation* Asst Librarian Peabody Institute
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. L. Chatard M.D

Address N 114 Park Ave

Remarks

RETURN OF A BIRTH.

14615

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 16, 1876
4. Place of Birth (Street and Number)	No. 41, Warren, Av
5. Full Name of Mother	Sarah. Morgan
6. Mother's Maiden Name	Sarah, Larkin
7. Mother's Birthplace	Md
8. Full Name of Father	Thos. Morgan
9. Father's Occupation	Mechanic
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H B. Noble, M D
Address	17 Warren Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114616

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 16. 1876
4. Place of Birth (Street and Number)	720 Penna Avenue
5. Full Name of Mother	Ann Eliza Zeigler
6. Mother's Maiden Name	" " Kline
7. Mother's Birthplace	Balt. City
8. Full Name of Father	John Frederick Zeigler
9. Father's Occupation	Butcher
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brown M.D
Address	201 W. Middle St.
Remarks	

14617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wit
3. Date of Birth	17 of October
4. Place of Birth (Street and Number)	William St No. 240
5. Full Name of Mother	Mary Magdelena Wehage
6. Mother's Maiden Name	Mary Magdelena Bopp
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John S. Wehage
9. Father's Occupation	Teeher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 17, 1876
4. Place of Birth (Street and Number)	Baltimore Hill Street No 7
5. Full Name of Mother	Sarah Ann Brady
6. Mother's Maiden Name	" " Trinty
7. Mother's Birthplace	Brooklyn New York
8. Full Name of Father	John Brady
9. Father's Occupation	Salesman in coal [illegible] yard
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No 236 Montgomery Street
Remarks	

X

rect Record of Vital Statistics in the City of Baltimore.

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14619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 17th 1876.
4. Place of Birth (Street and Number)	145 n. Paca Street.
5. Full Name of Mother	Anna Hess.
6. Mother's Maiden Name	A. Riemer
7. Mother's Birthplace	Bavarian
8. Full Name of Father	Martin Hess.
9. Father's Occupation	Cutter
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia [illegible]
Address	50 Pearl St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Octob. the 17 1876
4. *Place of Birth* (Street and Number) Washington St No 197
5. *Full Name of Mother* Rose Mollay
6. *Mother's Maiden Name* Rose Gallegher
7. *Mother's Birthplace* Irland
8. *Full Name of Father* Cornelious Mollay
9. *Father's Occupation* Fierman
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return. Ann E Bull

Address No 171 Chester st Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114621

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 17th 96
4. Place of Birth (Street and Number)	No 41 S. Chester St
5. Full Name of Mother	Amanda J. Potter
6. Mother's Maiden Name	Amanda J. Durkee
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John J. Potter
9. Father's Occupation	Policeman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	No 323 E Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth th 17 of October 1876
4. Place of Birth (Street and Number) No 39 Chestnut Street
5. Full Name of Mother Lizzie West
6. Mother's Maiden Name Lize Linnes
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles West
9. Father's Occupation Whatoer
10. Father's Birthplace fredic City

Name of Medical Attendant, or other Person who makes this Return. Robt William

Address No 70 Chestnut Street

Remarks Moth and Child doing Will

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	th 17 of October 1876
4. Place of Birth (Street and Number)	No 3 Dunking alley
5. Full Name of Mother	isabella Willson
6. Mother's Maiden Name	isabella Carey
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Willson
9. Father's Occupation	Laborer
10. Father's Birthplace	Worcester County
Name of Medical Attendant, or other Person who makes this Return.	Paul Wilmings
Address	No 70 Locust Street
Remarks	Mother And Child doing Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 f Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	17 of October
4. Place of Birth (Street and Number)	Light St No 443.
5. Full Name of Mother	Ella Penz
6. Mother's Maiden Name	Ella Rose
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Penz
9. Father's Occupation	Grocer Store
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

HEALTH DEPARTMENT OCT 16 1776 BALTIMORE

14623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 October
4. Place of Birth (Street and Number)	79 N Central av
5. Full Name of Mother	Johanna Power
6. Mother's Maiden Name	Johanna Lewis
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Powers
9. Father's Occupation	Police Officer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Guy
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) S Mail
2. Race or Color (if not of the white race) White
3. Date of Birth October the 17 1876
4. Place of Birth (Street and Number) Baltimore Parish st No 28
5. Full Name of Mother Mary Loden
6. Mother's Maiden Name Mary Lanehan
7. Mother's Birthplace Ireland
8. Full Name of Father Dennis Loden
9. Father's Occupation Labor
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs S Freburger

Address 293 Ramsey st

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex (state whether Male or Female) Male,
2. Race or Color (if not of the white race) White race
3. Date of Birth the 17 of Octber 1876,
4. Place of Birth (Street and Number) ~~do~~ Biddel Ally court,
5. Full Name of Mother Loyiesa Calleg,
6. Mother's Maiden Name Loyiesa Treaber
7. Mother's Birthplace in Geremey.
8. Full Name of Father Leuwes Calleg.
9. Father's Occupation a Seabor work
10. Father's Birthplace in Geremy.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelstinga

Address No 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111-628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 17th 1896
4. *Place of Birth (Street and Number)* No 468 Monument st
5. *Full Name of Mother* Minna Behn
6. *Mother's Maiden Name* Minna Pahl
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fred Behn
9. *Father's Occupation* Bricklyer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Alma Hillegast

Address No 181 E Monument st

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1th
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th October 1876
4. Place of Birth (Street and Number)	277 South Ann Street
5. Full Name of Mother	Ludwika Piechowiak
6. Mother's Maiden Name	Tymura
7. Mother's Birthplace	Polen Prussen
8. Full Name of Father	Michael Tymura
9. Father's Occupation	Leber
10. Father's Birthplace	Polen Prussen
Name of Medical Attendant, or other Person who makes this Return.	~~very well~~ Cecylia Zyzej
Address	128 Thames Street
Remarks	verry well

Statistics in the City of Baltimore.

rect Record of Vital

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11630

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 October 1876
4. Place of Birth (Street and Number)	72 Thames Street
5. Full Name of Mother	Eva Darcowiec
6. Mother's Maiden Name	" Piasecki
7. Mother's Birthplace	Polen Prussen
8. Full Name of Father	Stanislaus Piasecki
9. Father's Occupation	Leber
10. Father's Birthplace	Polen Prussen
Name of Medical Attendant, or Other Person who makes this Return.	Cecylia Zygaj
Address	128 Thames Street
Remarks	very well

14631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 16

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 17 inst 1876
4. *Place of Birth (Street and Number)* No 12 Tens Alley
5. *Full Name of Mother* Harriet Bronn
6. *Mother's Maiden Name* Harriet Gough
7. *Mother's Birthplace* St Marys County Md
8. *Full Name of Father* George Henry Bronn
9. *Father's Occupation* Livery Stable
10. *Father's Birthplace* St Mary County Md

Name of Medical Attendant, or other Person who makes this Return. Ellen Stubo 42 Sharp Street

Address

Remarks

Extract Regulations of the Board of Health of the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14632

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
9
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 17th 1876
4. Place of Birth (Street and Number)	299 N. Gay
5. Full Name of Mother	Rebecca Lazarus
6. Mother's Maiden Name	Rosenthal
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Ferdinand Lazarus
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Saml T. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 17/76.
4. Place of Birth (Street and Number)	Cambridge st No 87
5. Full Name of Mother	Julia Lorens
6. Mother's Maiden Name	Julia Aid.
7. Mother's Birthplace	Germ
8. Full Name of Father	Louis Lorens
9. Father's Occupation	Laborer
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anna st

Extract Regulations of the Board of Health of the Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

146311

To the Office of Registrar of Vital Statistics, Board of Health,

1, Cenn Hepburn Buckler **BALTIMORE CITY.**

2, Alice Laurason Buckler

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Females.
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 17th
4. Place of Birth (Street and Number)	135 N Charles St
5. Full Name of Mother	Alice Laurason Buckler
6. Mother's Maiden Name	Alice Laurason Riggs
7. Mother's Birthplace	St Louis
8. Full Name of Father	Riggin Buckler
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 N Charles
Remarks	Twin birth.

Extract Regulations of the Board of Health of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14635

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 17 1876
4. *Place of Birth (Street and Number)* south east corner of bank and chopstank sts no number
5. *Full Name of Mother* Sidney L shaw
6. *Mother's Maiden Name* Sidney L Long
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* John H shaw
9. *Father's Occupation* Brick maker
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary conner 189

Address chopstank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14636

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 17 1876

4. Place of Birth (Street and Number) No. 1 Pleasant Fm

5. Full Name of Mother Bridget Kennedy

6. Mother's Maiden Name Hanlon

7. Mother's Birthplace Ireland

8. Full Name of Father James Kennedy

9. Father's Occupation Ireland

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. (M. J. Gately, M.D.) 344, Park St

Address

Remarks

11637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 17th 1876
4. *Place of Birth (Street and Number)* N 133 St Paul St
5. *Full Name of Mother* Kate Burns Oakford
6. *Mother's Maiden Name* Kate Wilkes Burns
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John D Oakford
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. F L Chatard M D

Address N 114 Park ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo 17th 1876
4. Place of Birth (Street and Number)	25 E. Madison
5. Full Name of Mother	Lizzie McManus
6. Mother's Maiden Name	Lizzie Lanton
7. Mother's Birthplace	Ireland
8. Full Name of Father	John McManus
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Geo. B. Reynolds
Address	324 North Collert
Remarks	

Extract from Ordinances of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

X

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct. 18th. 1876,
4. Place of Birth (Street and Number)	330 E. Pratt St.
5. Full Name of Mother	Mary E. Rusk,
6. Mother's Maiden Name	" Gisley,
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	G. Glanville, Rusk,
9. Father's Occupation	Physician,
10. Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville, Rusk M. D.
Address	Balt. & Washington sts.
Remarks	Natural,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14640

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Children

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 18 Monday october 1 8
4. Place of Birth (Street and Number) Baltimore Fort. Av no. 6
5. Full Name of Mother kate petingil
6. Mother's Maiden Name kate Scot
7. Mother's Birthplace irland
8. Full Name of Father H. petingil
9. Father's Occupation Shoe Maker
10. Father's Birthplace newhamsher

Name of Medical Attendant, or other Person who makes this Return. Mrs Vilestine Conway

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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14641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 18th 1876.
4. Place of Birth (Street and Number)	522 W. Baltimore St.
5. Full Name of Mother	Theresia Lawenthal
6. Mother's Maiden Name	T. Samuel
7. Mother's Birthplace	Prussian
8. Full Name of Father	L. Lawenthal
9. Father's Occupation	Dealer in furniture
10. Father's Birthplace	Bavarian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	51 Hail St.
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

116112

1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sireth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	16 of Colober
4. Place of Birth (Street and Number)	No 193 Paterson Park avnue
5. Full Name of Mother	Sayra Cadell
6. Mother's Maiden Name	Louisa Parrot
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles A Cadell
9. Father's Occupation	Labora
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M D Louisa Wiley
Address	No 12 Paterson Park avnue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d.

1. Sex (state whether Male or Female) Mädchen.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 18. Octr. 1876.
4. Place of Birth (Street and Number) Baltimore. 57. Elliott St.
5. Full Name of Mother Anna Herger.
6. Mother's Maiden Name Eighorn
7. Mother's Birthplace Baltimore
8. Full Name of Father Georg Herger.
9. Father's Occupation Lehrschmied.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Remmen.

Address Elliott St. 61.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14644

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	—
3. Date of Birth	Oct 18 th 1876
4. Place of Birth (Street and Number)	1½ 12 east end
5. Full Name of Mother	Caroline Bamof
6. Mother's Maiden Name	Bergtold
7. Mother's Birthplace	America
8. Full Name of Father	Eberhardt Bamof
9. Father's Occupation	Captain
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lochwasser midwife
Address	213 Cross st.
Remarks	

14645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 18th
4. Place of Birth (Street and Number) Pinna. Ave. near Cook St.
5. Full Name of Mother Martha Rey
6. Mother's Maiden Name "
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. T. Rey
9. Father's Occupation House & Sign Painter
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 150 Townsend St.

Remarks City

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d. p.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oktober 18d 1876
4. Place of Birth (Street and Number)	212 Alisan Stret
5. Full Name of Mother	Margret Frieding
6. Mother's Maiden Name	M. Ballemer
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Lehristian Frieding
9. Father's Occupation	Watschmaker
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Reediger
Address	134 n Bond Stret
Remarks	

In the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in

RETURN OF A BIRTH.

114647

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 8th 1876
4. Place of Birth (Street and Number)	30 Fillian St
5. Full Name of Mother	Caroline Algoro
6. Mother's Maiden Name	Caroline Erhart
7. Mother's Birthplace	Richmond
8. Full Name of Father	John Erhart
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Ger Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return	Theodore Lobeck M.D.
Address	146. Hanover St
Remarks	

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth Oct 18th 76

4. Place of Birth (Street and Number) 213 N. Eutaw St

5. Full Name of Mother Mela. J. Appel

6. Mother's Maiden Name Mela. J. Fritag

7. Mother's Birthplace Bremen Germany

8. Full Name of Father Henry Appel

9. Father's Occupation Letter Carrier

10. Father's Birthplace Hassendarmstadt, Germany

Name of Medical Attendant, or other Person who makes this Return. John J. R. Frazer M.D.

Address " " "

Remarks City

Extract Regulations of the Board of Health of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Oct 18th 1876
4. Place of Birth (Street and Number) 1 & 4 Madeira Alley
5. Full Name of Mother Maggeretha Bartel
6. Mother's Maiden Name Zahner
7. Mother's Birthplace Germany
8. Full Name of Father George Conrad Bartell
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11650

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 Oct.
4. *Place of Birth (Street and Number)* 48 Somerset St
5. *Full Name of Mother* Anna Pelisek
6. *Mother's Maiden Name* Pachta
7. *Mother's Birthplace* Cracker Bohemia
8. *Full Name of Father* Matias Pelisek
9. *Father's Occupation* Black-Smith
10. *Father's Birthplace* Prostic Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 20 Barnes

Remarks

RETURN OF A BIRTH.

11661

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th.
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Oct 18th 1876
4. *Place of Birth* (Street and Number)	330 E. Madison
5. *Full Name of Mother*	~~Jas. E.~~ Mary E. Coster.
6. *Mother's Maiden Name*	Mary E. Tracey
7. *Mother's Birthplace*	Island of St Helena.
8. *Full Name of Father*	Jas. E. Coster.
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Calvert Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	125 N. Caroline st.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 18. 1876
4. Place of Birth (Street and Number)	Argyle Avenue 279
5. Full Name of Mother	Hesler Fister
6. Mother's Maiden Name	Hester Hahn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lawrence Fister
9. Father's Occupation	Balto City Fire Department
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. C. A. Scruff
Address	N.E. Cor. Paca & Fayette Sts
Remarks	Perfectly normal confinement

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1146 53

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st & Twins
1. Sex (state whether Male or Female)	Boy & Girl
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 18. 1876
4. Place of Birth (Street and Number)	41 Oxford
5. Full Name of Mother	Mary Turner
6. Mother's Maiden Name	
7. Mother's Birthplace	
8. Full Name of Father	— Turner
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	R. B. V. Browne M. D.
Address	317 Madison Ave
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1146511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 October 1876
4. Place of Birth (Street and Number)	27 Thames St
5. Full Name of Mother	Barby Celander
6. Mother's Maiden Name	Barby Schoorman
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Celander
9. Father's Occupation	Taylor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Smith
Address	the Child is Healthy
Remarks	Name of the Child John Jonas Celander

rect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 14655

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 18, 1870

4. Place of Birth (Street and Number) 264 Mulberry St

5. Full Name of Mother Sophia Schneider

6. Mother's Maiden Name " Whalcher

7. Mother's Birthplace Baltimore Maryland

8. Full Name of Father George Schneider

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Hinkelmann

Address No 220 Preston St

Remarks

14656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	October 19th 1876.
4. Place of Birth (Street and Number)	No. 3 Court House Lane.
5. Full Name of Mother	Margarett A. Jackson.
6. Mother's Maiden Name	Margarett A. Smallwood.
7. Mother's Birthplace	Montgomery Co. Md.
8. Full Name of Father	William Jackson.
9. Father's Occupation	Porter & Janitor
10. Father's Birthplace	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return.	Jane Winnebergen
Address	23 N. Liberty St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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14657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 19th October 1876

4. Place of Birth (Street and Number) 14 Front St.

5. Full Name of Mother Margaret Trimball

6. Mother's Maiden Name " Spillman

7. Mother's Birthplace U. States of America

8. Full Name of Father George Triball

9. Father's Occupation Laborer

10. Father's Birthplace U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 526 Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health in the City of Baltimore.

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 19th 1876
4. Place of Birth (Street and Number)	19 Albemarle St
5. Full Name of Mother	Catherine A Kearns
6. Mother's Maiden Name	" " Rourke
7. Mother's Birthplace	Ireland
8. Full Name of Father	James J Kearns
9. Father's Occupation	Tin & Sheet Iron Worker
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D Webster Bothell M D
Address	1½ S Eutaw St
Remarks	Babe [redacted] Evidently lacked several weeks of being at full term when born. D.W.C.

RETURN OF A BIRTH.

11659

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART
OCT
23
'76
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 19th 1876
4. *Place of Birth (Street and Number)* Lexington Street No 229.
5. *Full Name of Mother* Emma Cisselia Bokman
6. *Mother's Maiden Name* Emma Cisselia Henry
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Walter Bokman
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr Howard. md.

Address 928 Saratoga St

Remarks Natural labour & term, 6 hours duration

Extract Regulations of the Baltimore to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14660

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 19th 1876
4. *Place of Birth (Street and Number)* 224 Barre St.
5. *Full Name of Mother* Mathilde Baron
6. *Mother's Maiden Name* " Rosenfeld
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Bernhard Baron
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this Return. Dr. H. Salzer & W. Gomlich

Address 165 W. Lombard St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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14661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or ~~Female~~) Female
2. Race or Color (~~if not of the white race~~) Colored
3. Date of Birth 19 Oct 76
4. Place of Birth (Street and Number) 290 Raborg St
5. Full Name of Mother Rebecca Pindel
6. Mother's Maiden Name " Smith
7. Mother's Birthplace Balt City
8. Full Name of Father John Pindel
9. Father's Occupation Laborer
10. Father's Birthplace Balt City

Name of Medical Attendant, or other Person who makes this Return. Laura Virginia Cole Colored Midwife

Address 174 Vine St Balt

Remarks Midwife states the the delay in return was unavoidable

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	19 of October
4. Place of Birth (Street and Number)	William St No 236
5. Full Name of Mother	Eliza Ahbuast
6. Mother's Maiden Name	Eliza Gerbrich
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Ahbuast
9. Father's Occupation	Engener
10. Father's Birthplace	Baltimore County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	19 of October
4. Place of Birth (Street and Number)	Sharpe St N 314
5. Full Name of Mother	Rosse Carter
6. Mother's Maiden Name	Rosse Carey
7. Mother's Birthplace	Virginie
8. Full Name of Father	Barthar Carter
9. Father's Occupation	Labor
10. Father's Birthplace	Virginea
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St N 128
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14664

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	14 of October
4. Place of Birth (Street and Number)	Battery Av No 102.
5. Full Name of Mother	Hanne Rank
6. Mother's Maiden Name	Hanne Hullage
7. Mother's Birthplace	Bannersdorfe in Germany
8. Full Name of Father	Jorge Rank.
9. Father's Occupation	Labor Worke.
10. Father's Birthplace	Yssingan in Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11665

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

X

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st &
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct. 19th 1876.
4. Place of Birth (Street and Number)	48 N. Exeter St.
5. Full Name of Mother	~~Margaret~~ Sarah Sherman
6. Mother's Maiden Name	" N. Groff
7. Mother's Birthplace	Phila. Pa
8. Full Name of Father	Geo. N. Sherman
9. Father's Occupation	Tin worker
10. Father's Birthplace	Balt. Md
Name of Medical Attendant, or other Person who makes this Return.	G. G. Rusk M.D.
Address	Balt. & Wash. R.R.
Remarks	Natural

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child,

1. Sex (state whether Male or Female) Male,
2. Race or Color (if not of the white race) White race,
3. Date of Birth the 17 of Octber 1896,
4. Place of Birth (Street and Number) No 10 Whalwut alley
5. Full Name of Mother Lizza Bearhard,
6. Mother's Maiden Name Lizza Kaffas,
7. Mother's Birthplace in Geremey
8. Full Name of Father Whilkin Rearhart
9. Father's Occupation a Locksmith,
10. Father's Birthplace in Geremey.

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14667

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)

1. *Sex* (*state whether Male or Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth*
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14668

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 24 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth 29 October 1

4. Place of Birth (Street and Number) Har str 34

5. Full Name of Mother Eva Thomberg

6. Mother's Maiden Name " mire

7. Mother's Birthplace Steinbach germani

8. Full Name of Father david mire

9. Father's Occupation ~~Rag~~ paddler

10. Father's Birthplace mahrhol

Name of Medical Attendant, or other Person who makes this Return. J Gerstenberger

Address 69 portland. st.

Remarks

14669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d.

1. Sex (state whether Male or Female) Knabe.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d 19. Octr. 1876.
4. Place of Birth (Street and Number) Baltimore Elliott St. 11.
5. Full Name of Mother Elisabeth Dickens.
6. Mother's Maiden Name Kropf.
7. Mother's Birthplace Baltimore
8. Full Name of Father Jamis Dickens.
9. Father's Occupation Tagelöhner.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address Elliott St. 61.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111670

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ds Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October the 19. 1876
4. *Place of Birth (Street and Number)* S. Broad St. No 25 E.
5. *Full Name of Mother* Elisabetha Schweitzer
6. *Mother's Maiden Name* Elisabetha Hess
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Andreas Schweitzer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address S. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114671

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 19
4. Place of Birth (Street and Number)	171 Sharp St
5. Full Name of Mother	Louise Burgerding
6. Mother's Maiden Name	Ash
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Burgerding
9. Father's Occupation	Baker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Knox
Address	328 S Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14672

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 19th 1876
4. Place of Birth (Street and Number) No 119 Asquith St. near McEl[illegible]
5. Full Name of Mother Kate Peters
6. Mother's Maiden Name Kate Nicoles
7. Mother's Birthplace Baltimore City
8. Full Name of Father Frank Peters
9. Father's Occupation City Lamp Repairer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No 181 N. Central Avenue Baltimore City

Remarks All Wells

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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14673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 19th 1876
4. Place of Birth (Street and Number)	No 107 Charles St.
5. Full Name of Mother	Mary Majors.
6. Mother's Maiden Name	Mary Dudley
7. Mother's Birthplace	Ireland
8. Full Name of Father	Wm Majors.
9. Father's Occupation	Brick Layer.
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Chas. H. A. Bull.
Address	No 181 N. Eutaw avenue Baltimore City
Remarks	All Well.

Tate

1116711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 Oct.
4. *Place of Birth (Street and Number)* 31 Barnes St
5. *Full Name of Mother* Sadya Skarda
6. *Mother's Maiden Name* Krause
7. *Mother's Birthplace* Slovan Austria
8. *Full Name of Father* Jos Skarda
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Yohrechtic

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 26 Barnes St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October the 19th 1876
4. Place of Birth (Street and Number)	34 Fayette St.
5. Full Name of Mother	Rosa Brandt
6. Mother's Maiden Name	" " Lachmeier
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Carl Brandt
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chatharine Münch
Address	74 Leadenhall St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics to the City of Baltimore.

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14676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October the 19th 1876
4. *Place of Birth* (Street and Number)	82 Leadenhall St.
5. *Full Name of Mother*	Wilhelmina Braun
6. *Mother's Maiden Name*	Rose
7. *Mother's Birthplace*	" " Germany
8. *Full Name of Father*	Adam Braun
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111677

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White race

3. Date of Birth October 19th 1916

4. Place of Birth (Street and Number) Albemarle St # 50

5. Full Name of Mother Sahra Jane Smith.

6. Mother's Maiden Name " " Marvel

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Stephen Hooper Smith.

9. Father's Occupation Can maker

10. Father's Birthplace Snow Hill Md.

Name of Medical Attendant, or other Person who makes this Return. Thos R. Kelly

Address 48 Holland St City

Remarks

?

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11678

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)	Second
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct: 19th 1876
4. Place of Birth (Street and Number)	No. 7½ Franklin Street
5. Full Name of Mother	Willie Rennard
6. Mother's Maiden Name	Willie Mathews
7. Mother's Birthplace	Somerset Co: Md
8. Full Name of Father	Henry C. Rennard
9. Father's Occupation	Lawyer
10. Father's Birthplace	Eastern Shore Maryland
Name of Medical Attendant, or other Person who makes this Return.	W. P. Hilton Jr
Address	146 Park Av:
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14679

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 19 Oct. 1876

4. Place of Birth (Street and Number) Randall St.

5. Full Name of Mother Frances Etchison

6. Mother's Maiden Name Hood

7. Mother's Birthplace Montgomery Co. Md.

8. Full Name of Father Jno. Wesley [illegible]

9. Father's Occupation Fireman B. & C. P. R.

10. Father's Birthplace Montgom. Co. Md.

Name of Medical Attendant, or other Person who makes this Return. John Hood, M.D.

Address 274 Hollins St.

Remarks Physical Condition, good

14680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child.

1. Sex (state whether Male or Female) A girl.
2. Race or Color (if not of the white race) White.
3. Date of Birth Born the 20th of October, 1870
4. Place of Birth (Street and Number) North East Corner of Monument
5. Full Name of Mother Anni Babry. Stenzendorfer.
6. Mother's Maiden Name Anni Babry. Timint.
7. Mother's Birthplace Germany.
8. Full Name of Father Casper Timint.
9. Father's Occupation Black. & smith.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Cresentia. Kunkel.

Address W. North chappel. st. pr. John Kunkel.

Remarks Healthy.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Baltimore Conty

1. Sex (state whether Male or Female) / a female
2. Race or Color (if not of the white race) bal ord race
3. Date of Birth Feb 20 1840
4. Place of Birth (Street and Number) Der hom st 248
5. Full Name of Mother Body
6. Mother's Maiden Name menur by Body
7. Mother's Birthplace Baltimore Conty
8. Full Name of Father George Body
9. Father's Occupation Der hom st
10. Father's Birthplace Baltimore Conty

Name of Medical Attendant, or other Person who makes this Return.

Address Beth West Millmore

Remarks any ely

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11682

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Forth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	20th
4. Place of Birth (Street and Number)	Dover st No 62.
5. Full Name of Mother	Jane Rozell
6. Mother's Maiden Name	Jane Palmer
7. Mother's Birthplace	Western Shore Va.
8. Full Name of Father	Louis Rozell
9. Father's Occupation	Sailor
10. Father's Birthplace	Eastern Shore Va
Name of Medical Attendant, or other Person who makes this Return.	Lucy Upshur
Address	134 S. Eutaw st
Remarks	

Baltimore

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

14683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	8½ a. m. 20th October, 1876.
4. Place of Birth (Street and Number)	200 Madison Avenue, Balto. City.
5. Full Name of Mother	Rose Mary B. Bailey
6. Mother's Maiden Name	Rose Mary Busby
7. Mother's Birthplace	McSherrystown, Adams Co. Pennsylvania.
8. Full Name of Father	Thomas Robb Bailey
9. Father's Occupation	Letter Carrier - Balto. City Post office
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm. S. Worth M.D.
Address	83 Franklin St
Remarks	

RETURN OF A BIRTH.

14684

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 20th 1876
4. *Place of Birth (Street and Number)* No 611 Gay st
5. *Full Name of Mother* Elizabeth Fitt
6. *Mother's Maiden Name* Elizabeth A Siker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Caspar Fitt
9. *Father's Occupation* Broom maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Killegrew

Address No 182 E Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	October 20th 1876.
4. Place of Birth (Street and Number)	S. Bond St. 169.
5. Full Name of Mother	Christina Schlosser
6. Mother's Maiden Name	" " " Fleckenstein
7. Mother's Birthplace	Germany
8. Full Name of Father	C. A. Schlosser
9. Father's Occupation	Sexton Sam'l M. Church
10. Father's Birthplace	Kingdom Wurttemburg Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Schlosser
Address	No. 169 South Bond St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	Octob 20
4. Place of Birth (Street and Number)	34 Thames St
5. Full Name of Mother	Anna M Krieg
6. Mother's Maiden Name	" " Schwarz
7. Mother's Birthplace	Meiningen.
8. Full Name of Father	Albert Krieg
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

14687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 October
4. Place of Birth (Street and Number)	53 Portland
5. Full Name of Mother	Caroline Dreher
6. Mother's Maiden Name	Caroline Hell
7. Mother's Birthplace	Nauenberg grees Rosenberg
8. Full Name of Father	Friedrich Dreher
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Merinos Rosenberg
Name of Medical Attendant, or other Person who makes this Return.	Amelia Gerstenberger Mitwife
Address	Portland 69
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 20th, 1876
4. Place of Birth (Street and Number)	No. 28 Walsh st.
5. Full Name of Mother	Louisa Brodman
6. Mother's Maiden Name	" Foundstone
7. Mother's Birthplace	Prizer
8. Full Name of Father	Martin J. Brodman
9. Father's Occupation	Tanner
10. Father's Birthplace	Byden
Name of Medical Attendant, or other Person who makes this Return.	Elze Schmitt
Address	No. 476 P. A.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 October
4. Place of Birth (Street and Number)	259 Forest St
5. Full Name of Mother	Susan Byrns
6. Mother's Maiden Name	Finley
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Byrns
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula [redacted] Shrimmer
Address	19 Forest St Place
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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111690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 October
4. Place of Birth (Street and Number)	181 Pratt Street
5. Full Name of Mother	Minnie Wahlar
6. Mother's Maiden Name	Minnie Dorn
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Wahlar
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Vinan
Address	1070 Granby Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October the 20 " 1876
4. Place of Birth (Street and Number)	61 Lancaster Street
5. Full Name of Mother	Maria Wenda
6. Mother's Maiden Name	" " Zimmermann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johan Wenda
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louise Kraft
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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1

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14692

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October the 20th 1876
4. Place of Birth (Street and Number)	89 Ridgely Street
5. Full Name of Mother	Wilhelmina Weibrecht
6. Mother's Maiden Name	" " Butler
7. Mother's Birthplace	Germany
8. Full Name of Father	Conrad Weibrecht
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chathrina Münch
Address	74 Leadenhall Street
Remarks	

14693

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex* (state whether Male or Female) female ~~male~~
2. *Race or Color* (if not of the white race) White race
3. *Date of Birth* October 20th 1866
4. *Place of Birth* (Street and Number) High St 35.
5. *Full Name of Mother* Mary Ruppel
6. *Mother's Maiden Name* " Wamer
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Joseph Ruppel
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Wurtenburg Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulfy

Address 48 Holland St City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	20th of October
4. Place of Birth (Street and Number)	Baltimore. Schroder st. No 123
5. Full Name of Mother	Emma Jane Ferguson
6. Mother's Maiden Name	" " Turner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William John Ferguson
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Gumbler
Address	66 Schroder St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
28
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether ~~Male or~~ Female)*

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Oct 20th 1876

4. *Place of Birth (Street and Number)* 78 E. Balto St.

5. *Full Name of Mother* —

6. *Mother's Maiden Name* Masnert

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Chas. Weyrnet

9. *Father's Occupation* Fruit & Oyster Canner

10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M.D.

Address 234 N. Eddie St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14696

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	October 21st 1876
4. Place of Birth (Street and Number)	114 N. Mary's Street
5. Full Name of Mother	Henrietta Cooper
6. Mother's Maiden Name	Henrietta Mitchell
7. Mother's Birthplace	Howard County Md
8. Full Name of Father	Nathan Cooper
9. Father's Occupation	Farmer
10. Father's Birthplace	Harford County Md
Name of Medical Attendant, or other Person who makes this Return.	Thomas Livingston M.D
Address	70 Center St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14697

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 25 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 20th 1876
4. Place of Birth (Street and Number)	134 N Eutaw St
5. Full Name of Mother	Elizabeth Frances Shipley Downey
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Hammond Shipley
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M. D.
Address	262 Madison St
Remarks	

RETURN OF A BIRTH.

111695

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 21st 1896
4. Place of Birth (Street and Number)	266 Cor Caroline & Madison
5. Full Name of Mother	Ella V. Baker
6. Mother's Maiden Name	Ella V. McGee
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Eliagh Baker
9. Father's Occupation	Coffee Trimmer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Warter
Address	178 Hanford Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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111699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	21st October 1896
4. Place of Birth (Street and Number)	101 Courtland St
5. Full Name of Mother	Margeret Anne Jones
6. Mother's Maiden Name	
7. Mother's Birthplace	U States of America
8. Full Name of Father	George Moore
9. Father's Occupation	Oyster
10. Father's Birthplace	U States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Harper
Address	526 Courtland St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14700

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 21. 1876
4. *Place of Birth (Street and Number)* 79 st Peter st
5. *Full Name of Mother* Mary Bently
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Bently
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharina Sunbach

Address

Remarks 439 West Lovett st

RETURN OF A BIRTH.

111701

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Octob. 21
4. Place of Birth (Street and Number)	N. 34 Fourteen St
5. Full Name of Mother	Johanna Martin
6. Mother's Maiden Name	" Höckmer
7. Mother's Birthplace	~~James St~~ Baltimore
8. Full Name of Father	James Martin
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 E. Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11702

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 21st 1876
4. Place of Birth (Street and Number)	662 Pennsylvania Avenue
5. Full Name of Mother	Amelia Schildwachter
6. Mother's Maiden Name	" Klinger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Herman Schildwachter
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis Fawcett
Address	93 Mosher St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the fifth Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	21 first October
4. Place of Birth (Street and Number)	No. 6 Dewberry Alley
5. Full Name of Mother	Elisabeth Schuman
6. Mother's Maiden Name	Elisabeth Leser.
7. Mother's Birthplace	City Langsfeld.
8. Full Name of Father	John Schuman.
9. Father's Occupation	labourer
10. Father's Birthplace	City Langsfeld
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Seebach
Address	Wm. Lowrath N 439
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

147011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	2 4 Oct. 1896
4. Place of Birth (Street and Number)	15 E. Eden St.
5. Full Name of Mother	Augusta Wineck
6. Mother's Maiden Name	Bell
7. Mother's Birthplace	U. States of America
8. Full Name of Father	W. D. Wineck
9. Father's Occupation	Painter
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E. Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14705.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 21st 1876
4. Place of Birth (Street and Number)	122 So Eutaw st
5. Full Name of Mother	Anna Bohner
6. Mother's Maiden Name	Mastin
7. Mother's Birthplace	Germany
8. Full Name of Father	Martin Bohner
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm J Bushmann
Address	120 Bank st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 21 October 1876
4. *Place of Birth (Street and Number)* 295 gough st
5. *Full Name of Mother* emma E ayers
6. *Mother's Maiden Name* emma E stitchings
7. *Mother's Birthplace* philadelphia
8. *Full Name of Father* samuel ayers
9. *Father's Occupation* water boat
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address choptank st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~205 Bond Str~~ N. 21 Okte.
4. *Place of Birth (Street and Number)* 205 Bond Str.
5. *Full Name of Mother* Marie Lukas.
6. *Mother's Maiden Name* " " Pachta
7. *Mother's Birthplace* Cerekev Bohemia.
8. *Full Name of Father* Anton Lukas
9. *Father's Occupation* Beer Brauer
10. *Father's Birthplace* Kocerov Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 20 Barnes Str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

114708

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 21st 1876
4. Place of Birth (Street and Number)	Baltimore 1062 S Schroeder St
5. Full Name of Mother	Johanna Weller
6. Mother's Maiden Name	Johanna Detering
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H. Weller
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Fisher
Address	No 11 South Eutaw Street
Remarks	

14709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 October 1876
4. Place of Birth (Street and Number)	178 S. Eden St
5. Full Name of Mother	Christana Rohner
6. Mother's Maiden Name	Christana Ohs
7. Mother's Birthplace	Berlin Germany
8. Full Name of Father	John Rohner
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Smith
Address	
Remarks	the child is healthy Name of the Child George, Fredrick Rohner

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 25 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d /

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) White

Date of Birth 21st October

Place of Birth (Street and Number) No. 229 S Pala St

Full Name of Mother Elizabeth Wimpsett

Mother's Maiden Name Elizabeth Rennard

Mother's Birthplace Baltimore

Full Name of Father Robert T Wimpsett

Father's Occupation Painter

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goodman

Address Robert Washington Tilden Wimpsett

Remarks

RETURN OF A BIRTH.

11-711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twenty Third Baltimore 8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	October 21 1876
4. Place of Birth (Street and Number)	Dunken Alley No 67
5. Full Name of Mother	Amanda Mitchell
6. Mother's Maiden Name	Amanda Clarke
7. Mother's Birthplace	Prince Georges
8. Full Name of Father	John W Mitchell
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

OCT 25 1876

Extract Regulations of the Board of Health relative to Returns of Births and Deaths.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14712

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 21 1876
4. *Place of Birth (Street and Number)* N 219 Franklin St
5. *Full Name of Mother* Mary Virginia Hickey
6. *Mother's Maiden Name* Mary Virginia Posey
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Edward B. J Hickey
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. S. Chatard M.D.

Address N 114 Park Ave

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race
3. Date of Birth October 21 1876
4. Place of Birth (Street and Number) Harrison S & H 1
5. Full Name of Mother Johannah Dabereen
6. Mother's Maiden Name " Byruff
7. Mother's Birthplace Barien Europe
8. Full Name of Father Christian Dabereen
9. Father's Occupation Barien Europe
10. Father's Birthplace Carpet Weaver

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ulhg

Address 48 Holland St City

Remarks

HEALTH DEPARTMENT NOV 6 1876 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11-711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 21st
4. *Place of Birth (Street and Number)* 128 Myrtle avenue
5. *Full Name of Mother* Mary E Beauchamp
6. *Mother's Maiden Name* Mary E Barker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles E Beauchamp
9. *Father's Occupation* Clerk Book Keeper
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return M Hammond M D

Address 53 N Paca St Balt

Remarks Natural Labor

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14715

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 21. 1876.
4. Place of Birth (Street and Number)	N.W. Cor. Fayette & Schroeder
5. Full Name of Mother	Hannah Jane Weidaman
6. Mother's Maiden Name	Born
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Chas. F. Weidaman
9. Father's Occupation	Salesman
10. Father's Birthplace	Denmark
Name of Medical Attendant, or other Person who makes this Return.	Lewis Ull, Eastman
Address	349 Lexington St
Remarks	

14716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd,

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth Oct 22nd 176.
4. Place of Birth (Street and Number) 161 Carrollton Avenue,
5. Full Name of Mother Ella Milliman,
6. Mother's Maiden Name Ella Carswell,
7. Mother's Birthplace Wilmington, Del.
8. Full Name of Father Thomas A. Milliman.
9. Father's Occupation Merchant,
10. Father's Birthplace Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Stroyer Md

Address City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 18/76

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 22 october
4. Place of Birth (Street and Number) 59 China Street
5. Full Name of Mother Aromintio Boardey
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Milley Grace

Address 301 Homburg Stet

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14718

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 20 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	22nd of Oct 1876
4. *Place of Birth* (Street and Number)	170 So. Caroline St
5. *Full Name of Mother*	Mary Rebecca Haley
6. *Mother's Maiden Name*	Mary Rebecca Haley
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	—
9. *Father's Occupation*	—
10. *Father's Birthplace*	—
* *Name of Medical Attendant*, or other Person who makes this Return.	Mrs Leo Walker
Address	94 S. Dallas Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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14719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 21st 1816

4. Place of Birth (Street and Number) Howard and Camden St no number

5. Full Name of Mother Julia Rosemund

6. Mother's Maiden Name Julia Frechmann

7. Mother's Birthplace New York

8. Full Name of Father Louis Gustav Rosemund

9. Father's Occupation Restaurant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillgeist

Address No 182 E Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 22nd 1876
4. Place of Birth (Street and Number) Castle near Chase no number
5. Full Name of Mother Kate Holzman
6. Mother's Maiden Name Kate Horst
7. Mother's Birthplace Germany
8. Full Name of Father Charles Holzman
9. Father's Occupation Labore
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hilliger st

Address No 1 82 Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14721

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 22nd 1876
4. *Place of Birth (Street and Number)* 52 Cockeric st
5. *Full Name of Mother* Jane Tough
6. *Mother's Maiden Name* " Jennings
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Tough
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre F. Dauschere

Address 27 N. Broadway

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 22nd of October
4. Place of Birth (Street and Number) Federal St. Lynchburg
5. Full Name of Mother Harriet Pratt
6. Mother's Maiden Name Jones
7. Mother's Birthplace Virginia
8. Full Name of Father Pleasant Pratt
9. Father's Occupation Carpenter
10. Father's Birthplace North Carolina

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

111723

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 22nd 1876.
4. Place of Birth (Street and Number)	19 South Stricker St
5. Full Name of Mother	Annie Wood.
6. Mother's Maiden Name	Mills.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Thomas Wood.
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	J. Walton White M.D.
Address	845 N. Baltimore St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1117214

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~19~~ 22nd Oct
4. Place of Birth (Street and Number)	326 Hamburg
5. Full Name of Mother	Bertha Wellmann
6. Mother's Maiden Name	Mueller
7. Mother's Birthplace	Prussia
8. Full Name of Father	Theodor Wellmann
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Fox
Address	328 S Eutaw St
Remarks	

14725

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c)	
1. Sex (state whether Male or Female)	~~Weat~~ Männlich
2. Race or Color (if not of the white race)	Weiß
3. Date of Birth	22 October
4. Place of Birth (Street and Number)	No 167 Hamburg St.
5. Full Name of Mother	Amalia ~~B~~auerland
6. Mother's Maiden Name	Amalia Burk
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Lauerland
9. Father's Occupation	Shumacher
10. Father's Birthplace	Deutschland
Name of Medical Attendant, or other Person who makes this Return.	Catharina Meinck
Address	74 Leadenhall St.
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14726

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	(Colored) Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 23 1876
4. Place of Birth (Street and Number)	Baltimore Scott st No 714
5. Full Name of Mother	Jamima Quick
6. Mother's Maiden Name	Jemima Colbert
7. Mother's Birthplace	Lowed Prince georges Co
8. Full Name of Father	George A. Quick
9. Father's Occupation	Carpenter
10. Father's Birthplace	Bridgetown Barbadoes
Name of Medical Attendant, or other Person who makes this Return.	Miss S Fruburger
Address	293 Ramsay st
Remarks	Mary Elizabeth Levick

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

111-727

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octob 29th 76.
4. Place of Birth (Street and Number)	401. W Lombard St.
5. Full Name of Mother	Emma Baylis
6. Mother's Maiden Name	Streb
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	Edgar L. Baylis
9. Father's Occupation	Pipe fitter
10. Father's Birthplace	Balt Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis Chas Dorn MD.
Address	226 Mulberry St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111798

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	22d Oct 1876
4. Place of Birth (Street and Number)	64 High St.
5. Full Name of Mother	Sophie Geyer
6. Mother's Maiden Name	Zinninger
7. Mother's Birthplace	Germany
8. Full Name of Father	Caspar Geyer
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 52 Lombard St.	
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11729

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 22nd 1876
4. Place of Birth (Street and Number)	329 S. Bond st.
5. Full Name of Mother	Dina Ennich
6. Mother's Maiden Name	" Sheetacher
7. Mother's Birthplace	Germany
8. Full Name of Father	John Ennich
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name ~~of Medical Attendant~~, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st
Remarks	

14730

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 22nd 1876
4. *Place of Birth* (Street and Number)	218 N. Broadway
5. *Full Name of Mother*	Margaret Virginia Jassett,
6. *Mother's Maiden Name*	Margaret Virginia Brady
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Henry C. Jassett.
9. *Father's Occupation*	Merchant,
10. *Father's Birthplace*	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hosck M.D.
Address	75 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 22nd
4. Place of Birth (Street and Number)	No. 43 Bradford Ave.
5. Full Name of Mother	Mary Wilhelmer
6. Mother's Maiden Name	" Bodenbender
7. Mother's Birthplace	Germania
8. Full Name of Father	Henry Bodenbender
9. Father's Occupation	Laborer
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Mary Dangerd
Address	260 E. Lombert St.
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* 22 October. 1874
4. *Place of Birth (Street and Number)* 164 durham st
5. *Full Name of Mother* georgi ann lorrence
6. *Mother's Maiden Name* georgi ann tomae
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Lorrence
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mary conner 1873

Address choptank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14733

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Colord emale Child
2. Race or Color (if not of the white race) of the Colord race
3. Date of Birth octobor the 22 1876
4. Place of Birth (Street and Number) Spring St No 85
5. Full Name of Mother Lisebath Amburg
6. Mother's Maiden Name Lisebeth Wayman
7. Mother's Birthplace Dorchestor Conty Md
8. Full Name of Father Thomas Ambry
9. Father's Occupation oysstr Shucker
10. Father's Birthplace Dorchestor County Md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Regesster St 130

Remarks non

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

117311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 October
4. Place of Birth (Street and Number)	138 Spring Street
5. Full Name of Mother	Anna Smith
6. Mother's Maiden Name	Anna Hoffman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charley Hewitt
9. Father's Occupation	Brakesman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Simon
Address	No. 70 Granby Street
Remarks	

14735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 22nd 1876

4. Place of Birth (Street and Number) 123 S Green St

5. Full Name of Mother M C E Wendler

6. Mother's Maiden Name Wehloge

7. Mother's Birthplace Germany

8. Full Name of Father Frederick Wendler

9. Father's Occupation Grocer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. I H Cuney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11736

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	October 22nd 1876
4. Place of Birth (Street and Number)	Albemarle St # 6
5. Full Name of Mother	Josephine Klaus
6. Mother's Maiden Name	" " Wolking
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Frederick Klaus
9. Father's Occupation	Trunk maker
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Wolking
Address	48 Holland St City
Remarks	

RETURN OF A BIRTH.

11737

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 22d 1876
4. Place of Birth (Street and Number)	No 19 North Washington St
5. Full Name of Mother	Bashti Hubbard
6. Mother's Maiden Name	Bashti Grace
7. Mother's Birthplace	Md
8. Full Name of Father	Eugene Hubbard
9. Father's Occupation	Jeweller
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M D
Address	17 Warren av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11738

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White race
3. Date of Birth	Oct 22 1876
4. Place of Birth (Street and Number)	Augusta St # 382
5. Full Name of Mother	Amalie Fulpe
6. Mother's Maiden Name	" Fulle
7. Mother's Birthplace	Hanover Europe
8. Full Name of Father	Frederick Fulpe
9. Father's Occupation	Farmer
10. Father's Birthplace	Hanover Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Uellig
Address	48 Holland St City
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14739

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white, American
3. *Date of Birth* 13 22d day of October 1876
4. *Place of Birth (Street and Number)* 151 Walsh St
5. *Full Name of Mother* Mary Frances Holtekkip
6. *Mother's Maiden Name* Mary Frances Soper
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph J. Holtekkis
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace* East Haven Conn:

Name of Medical Attendant, or other Person who makes this Return. Jos: Leopold Martin M.D.

Address No 38 Mt Vernon Place

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

147140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 22nd October 1876
4. *Place of Birth (Street and Number)* 54 Chesnut Street
5. *Full Name of Mother* Cecelia Brown
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Catharine County Md
8. *Full Name of Father* William Novels
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Wilson

Address 32 Forrest Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 23rd 1876
4. Place of Birth (Street and Number)	Frederick Av. No. 84
5. Full Name of Mother	Lydia Gordon
6. Mother's Maiden Name	Lydia Minter
7. Mother's Birthplace	Balto Co. Md
8. Full Name of Father	Dallas Gordon
9. Father's Occupation	Bar Tender
10. Father's Birthplace	Washington D. C.
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Catherine. Doll.

14742

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 27 1976
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13. Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23. October
4. Place of Birth (Street and Number)	West St. No. 259
5. Full Name of Mother	Sara Wolf
6. Mother's Maiden Name	Sara Schmidt
7. Mother's Birthplace	Wolfhagen
8. Full Name of Father	George Wolf
9. Father's Occupation	Saylor
10. Father's Birthplace	Offolderbach
Name of Medical Attendant, or other Person who makes this Return.	Miss R Martin
Address	West St No. 198
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14743

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	23rd Oct 1876
4. *Place of Birth* (Street and Number)	10 Herring [redacted]
5. *Full Name of Mother*	Ann Elyza Robin
6. *Mother's Maiden Name*	Ann Elyza Taylor
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Robin
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Union Hill Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Leo Walker
Address	93 Sout Dallas Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1147111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Oct. 23. 1876.
4. Place of Birth (Street and Number)	111 E. Fayette St.
5. Full Name of Mother	Emma Powell
6. Mother's Maiden Name	Emma Coles.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Wm. H. Powell.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell. M.D.
Address	224 Carrollton Ave.
Remarks	Child Healthy and Vigorous.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Oct 23rd 1876
4. Place of Birth (Street and Number) No 37 Walker St.
5. Full Name of Mother Elizabeth Doering
6. Mother's Maiden Name Kaseman
7. Mother's Birthplace Germany
8. Full Name of Father Christian Doering
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Sunbach

Address 437 West Lewis St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14-711-6

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Whit
3. Date of Birth	oct 23. 1876
4. Place of Birth (Street and Number)	Pratt st No 550 West
5. Full Name of Mother	Rabaca Birkmeyer
6. Mother's Maiden Name	" Greenas
7. Mother's Birthplace	Swarzwald Wurtenberg
8. Full Name of Father	William Birkmeyer
9. Father's Occupation	Confectioner
10. Father's Birthplace	Zinzingen Wurtenberg
Name of Medical Attendant, or other Person who makes this Return.	Thos Seabrook
Address	West Pratt st 439
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

14747
14748

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 & 3.
1. Sex (state whether Male or Female)	both female
2. Race or Color (if not of the white race)	col
3. Date of Birth	Octb. 23rd
4. Place of Birth (Street and Number)	65 Myrtle av.
5. Full Name of Mother	Nellie Moore
6. Mother's Maiden Name	Campbell
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	Louis Moore
9. Father's Occupation	Waiter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Louis (Ch) Horn MD
Address	226 Mulberry St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14749

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	23rd Oct. 1876
4. Place of Birth (Street and Number)	168 Barnhill St.
5. Full Name of Mother	Mary L. Smith
6. Mother's Maiden Name	[illegible] Barker
7. Mother's Birthplace	United States of America
8. Full Name of Father	Sebastian Smith
9. Father's Occupation	Laborer
10. Father's Birthplace	United States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	26 Lombard St.
Remarks	

14750

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth October 23. 76

4. Place of Birth (Street and Number) 47 Bank Str

5. Full Name of Mother Lizzie Barth

6. Mother's Maiden Name " Custus

7. Mother's Birthplace Baltimore

8. Full Name of Father Jacob Barth

9. Father's Occupation Butcher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr Charlie Bernits

Address 113 E Lombardstr

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11751

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* octobe r 23th
4. *Place of Birth (Street and Number)* Rapt Street No 3
5. *Full Name of Mother* Mary isabellia Spencer
6. *Mother's Maiden Name* Caroline fisher
7. *Mother's Birthplace* Taylars Island Dorchester county
8. *Full Name of Father* Samuel J Spencer
9. *Father's Occupation* Junc Dealer
10. *Father's Birthplace* East tenes see

Name of Medical Attendant, or other Person who makes this Return.

Address Caroline fisher 189 West Street

Remarks Mid wife

14752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth October 23rd 1876
4. Place of Birth (Street and Number) 60 North Howard Street
5. Full Name of Mother Francis Cobb
6. Mother's Maiden Name " Klaus
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph J. Cobb
9. Father's Occupation Barber
10. Father's Birthplace Green County North Carolina

Name of Medical Attendant, or other Person who makes this Return. Barbara Reiß Gebauer

Address

Remarks

No. 26. N Friedrichstr

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14753

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Colord male Child
2. Race or Color (if not of the white race) of the Colord race
3. Date of Birth october the 23 1876
4. Place of Birth (Street and Number) Milliken Street No 80
5. Full Name of Mother ~~[illegible]~~
6. Mother's Maiden Name Lawar Chesster
7. Mother's Birthplace Baltimore M D
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Regesser St 130

Remarks

11751

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Thirde child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	October The 23
4. Place of Birth (Street and Number)	128 north Bond St.
5. Full Name of Mother	Margret Spencer
6. Mother's Maiden Name	Boda
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel H Spencer
9. Father's Occupation	Engenir
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	186 Mc Donough St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14755

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 23. 1876
4. Place of Birth (Street and Number) Ost. Lombardstr. 348
5. Full Name of Mother Karolinne Oldewurtel
6. Mother's Maiden Name Herzold
7. Mother's Birthplace Hochstadt Baern
8. Full Name of Father Heinrich Oldewurtel
9. Father's Occupation Tailor
10. Father's Birthplace Tarum Hanover

Name of Medical Attendant, or other Person who makes this Return. Wm. Raupach

Address South Wolfstr. 128

Remarks Undwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14756

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 23 October
4. Place of Birth (Street and Number) 133 Orleans St
5. Full Name of Mother Louisa S. Bohne
6. Mother's Maiden Name " " Pfennig
7. Mother's Birthplace Balto
8. Full Name of Father Henry Bohne
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. A. Gross

Address 137 Orleans St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11-757

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 23rd 1876
4. Place of Birth (Street and Number)	No 138 Asquith St
5. Full Name of Mother	Emma Kraft
6. Mother's Maiden Name	Emma Grey
7. Mother's Birthplace	Elizabeth County
8. Full Name of Father	Thomas Kraft
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Dr M. A Bull
Address	No 181 N. Central Avenue Baltimore Md
Remarks	All Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) Tenth

1. Sex (state whether Male ~~or Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct: 23d 1876
4. Place of Birth (Street and Number) S.W. corner of Oregon & Mother
5. Full Name of Mother Dolores ~~[illegible]~~ Carcasis
6. Mother's Maiden Name Dolores Vidal
7. Mother's Birthplace Cuba
8. Full Name of Father Angel Carcasis
9. Father's Occupation School Teacher
10. Father's Birthplace Cuba

Name of Medical Attendant, or other Person who makes this Return H. P. C. Wilson Jr

Address 146 Park Av:

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14759

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 23rd
4. Place of Birth (Street and Number)	No 217 Cross St
5. Full Name of Mother	Sarah E. Barfield
6. Mother's Maiden Name	" " Callus
7. Mother's Birthplace	Virginia
8. Full Name of Father	Robert Barfield
9. Father's Occupation	Waterman
10. Father's Birthplace	Eastern Shore Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch M D
Address	141 Hanover St
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14760

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child,
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	October 24th 1876,
4. Place of Birth (Street and Number)	63 Battery Av,
5. Full Name of Mother	Maria Lee Ford,
6. Mother's Maiden Name	" " Nunelly
7. Mother's Birthplace	Richmond, Va
8. Full Name of Father	Chas E. Ford,
9. Father's Occupation	Engineer,
10. Father's Birthplace	Balto City,
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	15 & Sharp Sts.
Remarks	

14761

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24 October
4. Place of Birth (Street and Number) 43 Penn Street
5. Full Name of Mother Mary Bonenberg
6. Mother's Maiden Name Michel
7. Mother's Birthplace Germiny
8. Full Name of Father Friedrich Bonesberg
9. Father's Occupation Baker
10. Father's Birthplace Germiny

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14762

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex* (state whether Male or Female) ~~Female~~ Male

2. *Race or Color* (if not of the white race) Col

3. *Date of Birth* October 24

4. *Place of Birth* (Street and Number) No ~~22~~ 244 Cross Street

5. *Full Name of Mother* Susan Jane Cornish

6. *Mother's Maiden Name* Charity Brown Winter

7. *Mother's Birthplace* Dorchester County

8. *Full Name of Father* James Cornish

9. *Father's Occupation* Sailor

10. *Father's Birthplace* Dorchester County MD

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 24
4. *Place of Birth (Street and Number)* 121 north dallas
5. *Full Name of Mother* mary Nickles
6. *Mother's Maiden Name* mary Buck
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William nickels
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs lear fakman

Address no 22 [illegible]

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111764

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex* (state whether ~~Male or~~ Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 9h 45m a.m. 24th October, 1876.
4. *Place of Birth* (Street and Number) No 6 Cumberland St Balt City
5. *Full Name of Mother* Clara Amelia Somers Marck
6. *Mother's Maiden Name* Clara Amelia Somers
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Benton Marck
9. *Father's Occupation* Cigar Manufacturer & Dealer in Stamps &c
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Thos. S. Unruh M.D.

Address 83 Franklin St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11765

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	24th. October 1876.
4. Place of Birth (Street and Number)	E. Lombard Street 239
5. Full Name of Mother	Margaretha Schorr
6. Mother's Maiden Name	" " Jäger
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Georg Schorr
9. Father's Occupation	Baker
10. Father's Birthplace	Ansbach, Bavaria, Germany
Name of Medical Attendant, or other Person who makes this Return.	William Henkel
Address	S. Wolfe Street 117.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11-766

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) .....

(state whether Male or Female) M .....

e or Color (if not of the white race) .....

e of Birth Oct. 24, 1876

ce of Birth (Street and Number) 152 W. Lombard St.

Name of Mother Martha B. Carter

her's Maiden Name .....

her's Birthplace Virginia

Name of Father Thos. M. Carter

her's Occupation .....

her's Birthplace N. Carolina

me of Medical Attendant, or other Person who makes this Return. W. F. Howard, M.D.

dress 181 Madison Ave.

marks Easy & natural labor.

14767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored october 24
3. Date of Birth
4. Place of Birth (Street and Number) 63 plumbally
5. Full Name of Mother anna davis
6. Mother's Maiden Name anna pinket
7. Mother's Birthplace dorcheter county
8. Full Name of Father henry davis
9. Father's Occupation labour
10. Father's Birthplace orleans

Name of Medical Attendant, or other Person who makes this Return. mrs Lydia Porter

Address no 4 paptps co avenue

Remarks helthy child

Fees Accord of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 24th October 1876.
4. *Place of Birth (Street and Number)* 18. Elizabeth Lane.
5. *Full Name of Mother* Jane Hasler.
6. *Mother's Maiden Name* Jane Bell.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* George Hasler.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No 29 Elizabeth Lane.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 24 1876
4. Place of Birth (Street and Number)	Baltimore Parish st N 19
5. Full Name of Mother	Melvina smith
6. Mother's Maiden Name	Melvina Hill
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ferdinand. smith
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs S. Fehrer
Address	293 Ramsay st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 24 October 1876 ~~31 Thames St~~
4. Place of Birth (Street and Number) 31 Thames St
5. Full Name of Mother Maggie Green
6. Mother's Maiden Name Maggie Riley
7. Mother's Birthplace Baltimore
8. Full Name of Father Gorge Washington Green
9. Father's Occupation Ship Joiner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address the child is healthy

Remarks Name of the child Gorgannia Green

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	24th Oct. 1876
4. Place of Birth (Street and Number)	33 Dallas St.
5. Full Name of Mother	Mary Jane McClaine
6. Mother's Maiden Name	Reese
7. Mother's Birthplace	U States of America
8. Full Name of Father	Frank McClaine
9. Father's Occupation	Laborer
10. Father's Birthplace	U States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E Lombard St.
Remarks	

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 24. 1876
4. Place of Birth (Street and Number)	935 Madison Ave
5. Full Name of Mother	Agatha Hasenmyer Hamman
6. Mother's Maiden Name	Agatha Hasenmyer
7. Mother's Birthplace	Germany
8. Full Name of Father	John Antony Hamman
9 Father's Occupation	Merchant Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr H. P. Morgan
Address	175 Saratoga St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14773

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 24th 1870
4. Place of Birth (Street and Number)	No 345 Penna Ave.
5. Full Name of Mother	Julie Rush
6. Mother's Maiden Name	" Maher
7. Mother's Birthplace	Europe
8. Full Name of Father	Charles C. Rush
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elize. Schmitt
Address	No 476 C A.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 9-11-50

RETURN OF A BIRTH.

14774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Kate Hart

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 24, 1876
4. Place of Birth (Street and Number) No. 228 Gough St
5. Full Name of Mother Kate Hart
6. Mother's Maiden Name W. White
7. Mother's Birthplace Balto City
8. Full Name of Father Charles Hart
9. Father's Occupation
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 2-4 [illegible] Balto

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14775

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	October the 24
4. Place of Birth (Street and Number)	Eden street 94
5. Full Name of Mother	Alice A C Emmet Fields
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wallas R Emmet
9. Father's Occupation	Mariner
10. Father's Birthplace	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	281 Mc Donogh st
Remarks	

14776

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6te

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth Oct. 24. 1876

4. Place of Birth (Street and Number) Registerstr No 39.

5. Full Name of Mother Barbara Zimmermann

6. Mother's Maiden Name Zimmermann

7. Mother's Birthplace Riesenbach Beiern

8. Full Name of Father Georg Zimmermann

9. Father's Occupation Wortworker

10. Father's Birthplace Stenhof Beiern

Name of Medical Attendant, or other Person who makes this Return. Ms. Johanna Baupach

Address South Wolfstr No 28

Remarks Und wife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14777

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One. Fift.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 24th "
4. Place of Birth (Street and Number)	123 North Paca St Balto. City
5. Full Name of Mother	Margret Mary Kitzmeyer
6. Mother's Maiden Name	" " Shiecker
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John W. Kitzmeyer
9. Father's Occupation	Shoe Cutter
10. Father's Birthplace	Wirtemberg, Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dudbler [illegible]
Address	John W. Kitzmeyer 123 N. Paca St. Baltimore
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 14778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 24. 96.
4. Place of Birth (Street and Number)	20 N. Fremont St
5. Full Name of Mother	Catherine Ebough
6. Mother's Maiden Name	Reid
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Ebough
9. Father's Occupation	Segar maker
10. Father's Birthplace	Balto. County.
Name of Medical Attendant, or other Person who makes this Return.	Lewis M. Eastman,
Address	8 & 9 Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11779

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 25, 1876
4. Place of Birth (Street and Number)	66 Johnson
5. Full Name of Mother	Annie E. Callahan
6. Mother's Maiden Name	Annie E. Boyle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John F. Callahan
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss Ann Nash
Address	
Remarks	

RETURN OF A BIRTH.

14780

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 25th 1876
4. Place of Birth (Street and Number)	Baltimore W. Pratt st No 821
5. Full Name of Mother	Barbary Tennyfel
6. Mother's Maiden Name	Hollinger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Tennyfel
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address	No. 122 Larkin st
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14781

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 October
4. Place of Birth (Street and Number)	36 Pratt Street
5. Full Name of Mother	Anna Smidt
6. Mother's Maiden Name	Grave
7. Mother's Birthplace	Germany
8. Full Name of Father	John Smidt
9. Father's Occupation	Shoe
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	No 70 Granby Street
Remarks	

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 25th 1876
4. Place of Birth (Street and Number) No 38 Brune St
5. Full Name of Mother Matilda Ellen Timanus
6. Mother's Maiden Name Matilda Ellen Frazier
7. Mother's Birthplace Baltimore City
8. Full Name of Father Edward Thomas Timanus
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. H S Bowie M D

Address No 1 Edmondson Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14783

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Octo. 25th 1876

4. *Place of Birth (Street and Number)* 113 N. Bond Strit

5. *Full Name of Mother* Mary Jane ~~Hatter~~ Mayron

6. *Mother's Maiden Name* Mary Jane Hatter

7. *Mother's Birthplace* Baltimor

8. *Full Name of Father* James Mayron

9. *Father's Occupation* P. C. Kabenter

10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rediger

Address 134 N. Bond Stret

Remarks

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14-7811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 October
4. Place of Birth (Street and Number)	Washington Ave 26
5. Full Name of Mother	Eva Himmel
6. Mother's Maiden Name	Eva Vatter
7. Mother's Birthplace	Kongreich Baiern
8. Full Name of Father	Andreas Himmel
9. Father's Occupation	Milkman
10. Father's Birthplace	Herstellan der Wiese
Name of Medical Attendant, or other Person who makes this Return.	Amelia Gerstenberger Midwife
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14785
14786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female } Twin
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* October 25th 1876
4. *Place of Birth (Street and Number)* 164 Canal Str
5. *Full Name of Mother* Delia French
6. *Mother's Maiden Name* Delia Gilmore
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John French
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 East Lombard St Baltimore Md

Remarks Died of convulsions lived about ten hours

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14787

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd White
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 25 th 1876
4. Place of Birth (Street and Number)	№ 206 Columbia st.
5. Full Name of Mother	Rosa Knell
6. Mother's Maiden Name	Siegwards
7. Mother's Birthplace	Germany
8. Full Name of Father	August Knell
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrgasser mid wife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

11788

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12/
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Octob 25
4. Place of Birth (Street and Number)	265 Alice Anny 44
5. Full Name of Mother	Wilhelmine Schulz
6. Mother's Maiden Name	11 Koh
7. Mother's Birthplace	Germany
8. Full Name of Father	John C. Schulz
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Bayern
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Broad St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Records of Vital Statistics in the City of Baltimore.

14789

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white.
3. Date of Birth 25th October 1876.
4. Place of Birth (Street and Number) 125 West St.
5. Full Name of Mother Mary Katherine Doll.
6. Mother's Maiden Name Mary Katherine Colins.
7. Mother's Birthplace Baltimore
8. Full Name of Father Michel Doll.
9. Father's Occupation Sargean.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner

Address No 29. Elizabeth Lane.

Remarks

Report Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14790

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) White

2. Race or Color (if not of the white race) Female

3. Date of Birth Oct 25

4. Place of Birth (Street and Number) 138 Barre St

5. Full Name of Mother Freadericker Meyer

6. Mother's Maiden Name Wagonfold

7. Mother's Birthplace Prussia

8. Full Name of Father Henry Meyer

9. Father's Occupation Fatemmaker

10. Father's Birthplace Richmond

Name of Medical Attendant, or other Person who makes this Return. Mary Fison

Address 328 S Eutaw St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11-791

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 25th 187
4. Place of Birth (Street and Number)	No 504 Fremont st
5. Full Name of Mother	Sofie Maykrantz
6. Mother's Maiden Name	" Sterdegen
7. Mother's Birthplace	Byern
8. Full Name of Father	Theodor Maykrantz
9. Father's Occupation	Carpeting
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Elize Schirrill
Remarks	No 476 Penn Ave.

14792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth October 25
4. Place of Birth (Street and Number) Bruce St No 6
5. Full Name of Mother Henora Mee
6. Mother's Maiden Name Henora Ward
7. Mother's Birthplace Ireland [redacted]
8. Full Name of Father Michal [redacted] Mee
9. Father's Occupation Labour
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McHenry St

Remarks Mother and baby doing well

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11479-3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	25th of October, 1876
4. Place of Birth (Street and Number)	72 Chew St.
5. Full Name of Mother	Mary Mullen.
6. Mother's Maiden Name	" Lucas.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Patrick Mullen
9. Father's Occupation	Laborer.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Cuoy
Address	31 Cathedral St
Remarks	

1

114794

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st.

1. *Sex (~~state whether Male or~~ Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 26th 1 A.M. 1876
4. *Place of Birth (Street and Number)* 1 N. Ann
5. *Full Name of Mother* Carrie Mitchell Brower
6. *Mother's Maiden Name* Carrie Mitchell Crop
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Irving Blake Brower
9. *Father's Occupation* Government Officer
10. *Father's Birthplace* New York State

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle M.D.

Address 299 E. Baltimore Street

Remarks

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

11793

OCT 27 1876 HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Octr 26th 1876.
4. Place of Birth (Street and Number)	66 Granby Street.
5. Full Name of Mother	Kate A. Filzgibbons.
6. Mother's Maiden Name	Kate A. McLaughlin.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Mich^l E. Filzgibbons.
9. Father's Occupation	Machinist.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno T. Powell M.D.
Address	224 Carrollton Ave.
Remarks	Child premature. (7 months) Lived 1 hour after birth

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 26 Colover
4. Place of Birth (Street and Number) Hughes St No. 146
5. Full Name of Mother Mary A Murray
6. Mother's Maiden Name Mary A Conway
7. Mother's Birthplace Costlber Co. Ireland
8. Full Name of Father John Murray
9. Father's Occupation Labor
10. Father's Birthplace Co. Meath Ireland

Name of Medical Attendant, or other Person who makes this Return. Miss K Martin

Address West St No. 128

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14797

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) of the Colord race
3. *Date of Birth* october the 26-18-70
4. *Place of Birth* (Street and Number) Baltimore Durham St 314
5. *Full Name of Mother* Mary L Cole
6. *Mother's Maiden Name* Mary L Murry
7. *Mother's Birthplace* Saint mary County Md
8. *Full Name of Father* Joseph Cole
9. *Father's Occupation* Salor
10. *Father's Birthplace* Saint Mary County Md

Name of Medical Attendant, or other Person who makes this Return. Lucindy Woolford

Address Regesster St 130 Baltimore

Remarks

Great Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	October 26
4. Place of Birth (Street and Number)	eutaw st N, 244
5. Full Name of Mother	grace Brown
6. Mother's Maiden Name	grace turner
7. Mother's Birthplace	a a county M D
8. Full Name of Father	John Brown
9. Father's Occupation	0
10. Father's Birthplace	Baltimore /
Name of Medical Attendant, or other Person who makes this Return.	Julia gross
Address	ham Burg st 301
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	October 26th 1876
4. Place of Birth (Street and Number)	85 E. Baltimore Street
5. Full Name of Mother	Louisa J. Thomas
6. Mother's Maiden Name	Louisa J. Hughes
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Charles Henry Thomas
9. Father's Occupation	Physician
10. Father's Birthplace	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	Charles H. Thomas
Address	85 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) A Girl
2. Race or Color (if not of the white race) White
3. Date of Birth Borne the 26th of October 1876
4. Place of Birth (Street and Number) 382 West Orleans St
5. Full Name of Mother Maria Cattin Shieldheise
6. Mother's Maiden Name Mari Cattin Levey
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas B. Levey
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chappel St for John Kunkel

Remarks Healthy

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo 26th 1876
4. Place of Birth (Street and Number)	298 Shop St
5. Full Name of Mother	Sarah E Llewellyn
6. Mother's Maiden Name	Sarah E Taylor
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Llewellyn
9. Father's Occupation	Iron Moulder
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Sheldon Leeke M.D.
Address	146 Hanover St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114802

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 26th 1896
4. Place of Birth (Street and Number)	39 Clinton Avenue.
5. Full Name of Mother	Lola Seward Wilhelm
6. Mother's Maiden Name	Donaldson
7. Mother's Birthplace	Washington D. C.
8. Full Name of Father	Charles Henry Wilhelm
9. Father's Occupation	Tinner —
10. Father's Birthplace	Balto. City —
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Oct 24 1876.
4. *Place of Birth* (Street and Number) N° 129 Lexington st Balt
5. *Full Name of Mother* Mary Stewart
6. *Mother's Maiden Name* Mary Clark
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* George F Stewart
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balt Md

Name of Medical Attendant, or other Person who makes this Return. J Williams MD

Address 23 Franklin st Balto

Remarks

14804

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 26th 1876
4. Place of Birth (Street and Number) No 13. Sterling St
5. Full Name of Mother Lizzie Hare
6. Mother's Maiden Name Lizzie Wise
7. Mother's Birthplace Baltimore
8. Full Name of Father William Hare
9. Father's Occupation Huckster
10. Father's Birthplace Pensylvania

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeir

Address No 182 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Oct 26th 1876
4. Place of Birth (Street and Number) 176 Eastern Ave
5. Full Name of Mother Maggerella Bode
6. Mother's Maiden Name Kropp
7. Mother's Birthplace Germany
8. Full Name of Father Wilhelm Bode
9. Father's Occupation Rigger
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 26
4. Place of Birth (Street and Number)	341 Howard
5. Full Name of Mother	Elizabeth Thomas
6. Mother's Maiden Name	Forsch
7. Mother's Birthplace	Balti
8. Full Name of Father	Adolph Thomas
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	328 S Eutaw
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	October 26th 1876
4. Place of Birth (Street and Number)	No 21 Hanover St,
5. Full Name of Mother	Ann E. Butler
6. Mother's Maiden Name	Carr
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Wm Isaiah Butler
9. Father's Occupation	Waiter
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. cor Hanover & Baltimore
Remarks	

14808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White,
3. Date of Birth	October 26. 1876,
4. Place of Birth (Street and Number)	"National Hotel" S.E. Cor. Holliday & Fayette St.
5. Full Name of Mother	Bertha Virginia Gore,
6. Mother's Maiden Name	Bertha Virginia Saunders,
7. Mother's Birthplace	Virginia
8. Full Name of Father	Thomas Beale Cockey Gore,
9. Father's Occupation	Hotel Keeper,
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Houck M.D.
Address	75 E. Baltimore St.
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White.
3. Date of Birth Oct 26. 1876. 51. M.E. eldery st.
4. Place of Birth (Street and Number) 57. M.E. eldery st.
5. Full Name of Mother Kate Dudely
6. Mother's Maiden Name Kate Norton
7. Mother's Birthplace Mallow County.
8. Full Name of Father Richarel Dudely
9. Father's Occupation Labor Work.
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 126. N. Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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14810

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* ~~male~~ male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26th Oct. 18[illegible]
4. *Place of Birth (Street and Number)* 29 Front St
5. *Full Name of Mother* Sarah E Edwards
6. *Mother's Maiden Name* " Foechfel
7. *Mother's Birthplace* U States of America
8. *Full Name of Father* Alfred Edward
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 Oct.
4. *Place of Birth (Street and Number)* 119 Chappel Str
5. *Full Name of Mother* Anna Novak
6. *Mother's Maiden Name* Simonek
7. *Mother's Birthplace* Pacir Bohemia
8. *Full Name of Father* John Novak
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Velecie

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 20 Barnes Str.

Remarks

Vice Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female.
2. Race or Color (if not of the white race) color race
3. Date of Birth thursday 26 Chapel st
4. Place of Birth (Street and Number) Chapel st
5. Full Name of Mother georgianer
6. Mother's Maiden Name ~~[illegible]~~ ritch son
7. Mother's Birthplace on ran el bonty
8. Full Name of Father ben jack son
9. Father's Occupation Chapel st
10. Father's Birthplace on ran el bonty

Name of Medical Attendant, or other Person who makes this Return. eliz bether foot midwife

Address Mill mul st 88

Remarks

doctor riley

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 26th 1876
4. Place of Birth (Street and Number) No 17 Mulberry St
5. Full Name of Mother Matilda Costaggini
6. Mother's Maiden Name Matilda Reboa
7. Mother's Birthplace Rome Italy
8. Full Name of Father Phillipo Costaggini
9. Father's Occupation Artist
10. Father's Birthplace Rome Italy

Name of Medical Attendant, or other Person who makes this Return. F. L. Chatard M.D.

Address No 114 Park Ave

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14814

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	4 6
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Oct 26. 1876
4. Place of Birth (Street and Number)	Ost Pratt ste No 246
5. Full Name of Mother	Barbara Reiter
6. Mother's Maiden Name	Mery
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Reiter
9. Father's Occupation	Grocery Geschaft
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Johanna Raupach
Address	South Wolf ste No 28
Remarks	Midwife

Vice Record of Vital Statistics in the City of Baltimore.

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14815

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child of Mother

1. Sex (state whether Male or Female) Female Child

2. Race or Color (if not of the white race) White Child

3. Date of Birth Born 26. Oktober 1876.

4. Place of Birth (Street and Number) Baltimore Maryland 179 Kings St.

5. Full Name of Mother Katharina Liquiart

6. Mother's Maiden Name Katharina Wissaman

7. Mother's Birthplace Baltimore Maryland.

8. Full Name of Father Theodore Liquiart

9. Father's Occupation Class blowing

10. Father's Birthplace Oberbrant Baden.

Name of Medical Attendant, or other Person who makes this Return. Miss Anna Dhumler.

Address Schroeder Strasse

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

11816

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 26th 1876
4. Place of Birth (Street and Number)	No 231 E. Biddle St.
5. Full Name of Mother	Wilhelmina Etzel
6. Mother's Maiden Name	Wilhelmina Reily
7. Mother's Birthplace	Darmstadt Germany
8. Full Name of Father	Joseph Etzel
9. Father's Occupation	Clerk.
10. Father's Birthplace	Darmstadt Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr H. J. Butt.
Address	No 181 N. Central Avenue Baltimore City
Remarks	Both Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114817

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 26th 1876
4. Place of Birth (Street and Number)	No 21 Hobbs
5. Full Name of Mother	Barbara Hagenreider
6. Mother's Maiden Name	Barbara Gatel
7. Mother's Birthplace	Hesse Germany
8. Full Name of Father	John Hagenreider
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. L. Bath
Address	No 181 S. Central Avenue Baltimore Md
Remarks	All Well.

14818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	26 Oct 1876
4. Place of Birth (Street and Number)	308 Canton Av.
5. Full Name of Mother	Christina Bechthold
6. Mother's Maiden Name	Bauer
7. Mother's Birthplace	Germany
8. Full Name of Father	William Bechthold
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	15 E. Pratt St.
Remarks	

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 26th of October
4. Place of Birth (Street and Number) St. Paul st. No number
5. Full Name of Mother Sophia Pyritz
6. Mother's Maiden Name " Hammerstrom
7. Mother's Birthplace Germany
8. Full Name of Father Theodore Pyritz
9. Father's Occupation Clerk
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Charlotte Craby

Address 369 Cathedral St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~14807~~
14820

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~) 6

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 26 October
4. Place of Birth (Street and Number) 300 ~~Hamburg~~ Strit Gros Nr
5. Full Name of Mother Anna Usinger
6. Mother's Maiden Name A Schäfer
7. Mother's Birthplace Deutschland
8. Full Name of Father Johannes Usinger
9. Father's Occupation Schumacher
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 14 Leadenhall Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1.11821

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Oct 27th 1876

4. Place of Birth (Street and Number) #333 South Central Ave

5. Full Name of Mother Mary Ann Posler

6. Mother's Maiden Name Mary Ann Fiduck

7. Mother's Birthplace Baltimore County

8. Full Name of Father Daniel Thomas J. Posler

9. Father's Occupation Laborer

10. Father's Birthplace New York City

Name of Medical Attendant, or other Person who makes this Return. E. Geo Walker

Address 31 E Monument St

Remarks A well developed, and healthy child.

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14822

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 child
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Oct. 24th 1876
4. *Place of Birth* (Street and Number)	No 478 Penn Ave.
5. *Full Name of Mother*	Lizzie Hamm
6. *Mother's Maiden Name*	D Amant
7. *Mother's Birthplace*	Penn
8. *Full Name of Father*	William Hamm
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eliza Schmidt
Address	No 476 Penn Ave.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111823

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) of the Colord race
3. *Date of Birth* October the 27 18 76
4. *Place of Birth* (Street and Number) [redacted] dale St 114 Baltimore
5. *Full Name of Mother* Margret Harris
6. *Mother's Maiden Name* Margret Wiliums
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* James Harris
9. *Father's Occupation* Salor
10. *Father's Birthplace* Richmon Va

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Legester St 130 Baltimore

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1118211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Oct 23 1876.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2~~ 3 2d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Oct 21 1876.
4. *Place of Birth (Street and Number)* 317 Eastaw.
5. *Full Name of Mother* Mary Baker
6. *Mother's Maiden Name* Mary Mason.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Fredick Baker.
9. *Father's Occupation* Copper.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 137 Wolfe st

Remarks 4

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11825

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 October
4. Place of Birth (Street and Number)	337 ~~Chew~~ Chew St
5. Full Name of Mother	M Caldwell
6. Mother's Maiden Name	Ryan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Caldwell
9. Father's Occupation	Hay packer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	19 Forrest Place
Remarks	

RETURN OF A BIRTH.

11826

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race). white

3. Date of Birth 27th October 1876

4. Place of Birth (Street and Number) 97 Lancaster Street

5. Full Name of Mother Elisabet Buczynski

6. Mother's Maiden Name " Strzelecki

7. Mother's Birthplace Polen Preussen

8. Full Name of Father Peter Strzelecki

9. Father's Occupation Leber

10. Father's Birthplace Polen Preussen

Name of Medical Attendant, or other Person who makes this Return. Cecylia Zygaj

Address 128 Thames Street

Remarks very well

Penalty Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 27th 1876
4. Place of Birth (Street and Number) No 167 Chesnut st
5. Full Name of Mother Mary Allusa
6. Mother's Maiden Name Mary Cneal
7. Mother's Birthplace Baltimore
8. Full Name of Father Christhoper Allusa
9. Father's Occupation Barber
10. Father's Birthplace Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E Monument St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14828

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 27th 1876
4. *Place of Birth (Street and Number)* No 15 Gay St
5. *Full Name of Mother* Lissetta Metzel
6. *Mother's Maiden Name* Lissetta Bittman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Metzel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Thos Kilgus

Address No 151 E Monument St

Remarks

That any physician, accoucheur; midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14829

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 27th 1876
4. Place of Birth (Street and Number)	No 5 Shirley Ct
5. Full Name of Mother	Elizabeth Schroeder
6. Mother's Maiden Name	Falland
7. Mother's Birthplace	Germany
8. Full Name of Father	George Schroeder
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14830

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	1 Oct. 1876
4. Place of Birth (Street and Number)	1732 Eden Alley
5. Full Name of Mother	Mary Schnitzer
6. Mother's Maiden Name	Krauen
7. Mother's Birthplace	Europe
8. Full Name of Father	Henry Schnitzer
9. Father's Occupation	Confectioner
10. Father's Birthplace	Europe
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carter
Address	320 Eastern Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

148 31

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	24th Oct 1896.
4. Place of Birth (Street and Number)	54 Bay St
5. Full Name of Mother	Theresia Baumann
6. Mother's Maiden Name	Hinke
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Baumann
9. Father's Occupation	Cigar manufacturer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cypher
Address	526 E Lombard St.
Remarks	

14832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st (first)

1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth October 27th 1876
4. Place of Birth (Street and Number) 216 Saratoga St
5. Full Name of Mother Caroline Sates
6. Mother's Maiden Name Caroline Sates
7. Mother's Birthplace Albemarle Co. Va
8. Full Name of Father Henry Mason
9. Father's Occupation Waiter
10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. J. A. Gillis M.D.

Address 23 N. Greene St

Remarks (Illegitimate)

(6) Six fingers on each hand 12 in all

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111832

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children Born
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	27 of October
4. Place of Birth (Street and Number)	South Charles St No 251
5. Full Name of Mother	Maiggy Russell
6. Mother's Maiden Name	Maiggy Fetsch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Russell
9. Father's Occupation	Shipe carpenter
10. Father's Birthplace	Fuller
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 125
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

148311
14835

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second & 3 (Twin)

1. Sex (state whether Male or Female) Both Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 28 76
4. Place of Birth (Street and Number) 35 S Poppleton
5. Full Name of Mother Nannie Brotherton
6. Mother's Maiden Name " Mattingly
7. Mother's Birthplace Maryland
8. Full Name of Father Morris Brotherton
9. Father's Occupation Employ B & O RR
10. Father's Birthplace Baltor

Name of Medical Attendant, or other Person who makes this Return. W. Fakemp M D

Address 55 N. Green St

Remarks As above 2d labor - Both Female - Premature, lying in occurring between 7 & 8 months -

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14836

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 28 October 1876
4. *Place of Birth* (Street and Number) No 75 George St
5. *Full Name of Mother* A. Henrieta. Wilkson.
6. *Mother's Maiden Name* A. Henrieta. Rippel.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fred Wilkson.
9. *Father's Occupation* Merchent.
10. *Father's Birthplace* Bremen.

Name of Medical Attendant, or other Person who makes this Return. A. Lindner

Address No. 45 Monroe St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Record of Vital Statistics.

14837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 28 Oct.
4. *Place of Birth (Street and Number)* Pearlstreet 74.
5. *Full Name of Mother* Lizzie Closheim
6. *Mother's Maiden Name* Lizzie Spenner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henri Closheim
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* German.

Name of Medical Attendant, or other Person who makes this Return. Katharina Vanbosh.

Address 439 West Lexington st

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 28th 1876
4. Place of Birth (Street and Number) Baltimore 66 Castle street
5. Full Name of Mother Catharine Murray Corne
6. Mother's Maiden Name Catharine Murray
7. Mother's Birthplace County Clare Ireland
8. Full Name of Father Dudley Corne
9. Father's Occupation Laborer
10. Father's Birthplace County galway Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address 178 S. Chapel St

Remarks F P

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)	Second
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 25th 1876
4. Place of Birth (Street and Number)	42 McCulloh Street
5. Full Name of Mother	Lettie Hunrichouse
6. Mother's Maiden Name	Lettie Hart
7. Mother's Birthplace	Annapolis
8. Full Name of Father	Wm. H. Hunrichouse
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. W. O. Wilson
Address	146 Park Avenue
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

#48410

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 28th October 1876
4. Place of Birth (Street and Number) No: 49 N. Carey Street
5. Full Name of Mother Julianna M McPaw
6. Mother's Maiden Name Julianna M Lowe
7. Mother's Birthplace Alexandria. – Va.
8. Full Name of Father George A. McPaw
9. Father's Occupation Merchant
10. Father's Birthplace Harford Co: Md.

Name of Medical Attendant, or other Person who makes this Return. Dr: H. P. C. Wilson

Address 146 Park Avenue

Remarks

14841

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 Oct
4. Place of Birth (Street and Number)	Curley st, no Number
5. Full Name of Mother	Dora Wehr
6. Mother's Maiden Name	Dora Meyers
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Francis Wehr
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sally Sullens
Address	104 Curley st Canton
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

red Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114542

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The third
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	October 28th
4. Place of Birth (Street and Number)	No 279 N. Durham st.
5. Full Name of Mother	Amanda A. Donohue
6. Mother's Maiden Name	Watson
7. Mother's Birthplace	Balto Co.
8. Full Name of Father	Henry K. Donohue
9. Father's Occupation	Cannmaker
10. Father's Birthplace	Havre de Grace Md
Name of Medical Attendant, or other Person who makes this Return.	C. J. Kleeber M.D
Address	222 N. Broadway
Remarks	

14843

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 222 Hugs street
4. Place of Birth (Street and Number) October 28 18 40
5. Full Name of Mother Elizabeth Gross
6. Mother's Maiden Name Elizabeth Dorsey
7. Mother's Birthplace Balt city
8. Full Name of Father edward Dorsey
9. Father's Occupation oyster shucker
10. Father's Birthplace Balt city

Name of Medical Attendant, or other Person who makes this Return. Mary Chase

Address Midwife

Remarks residence No 6 Ricker court

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1148111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 28th 1876
4. Place of Birth (Street and Number)	125 Gought str
5. Full Name of Mother	Maggetha Staedler
6. Mother's Maiden Name	Shermann
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Staedler
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank str
Remarks	

1118113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 28th 1876
4. Place of Birth (Street and Number)	156 S Chapman
5. Full Name of Mother	Maria Bohl
6. Mother's Maiden Name	" Ziegler
7. Mother's Birthplace	" City
8. Full Name of Father	August Bohl
9. Father's Occupation	Segar Maker
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Bushmann
Address	120 Bank st
Remarks	

RETURN OF A BIRTH.

111816

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October the 28. 1876.
4. *Place of Birth (Street and Number)* S. Carolina St. No 107.
5. *Full Name of Mother* Katharina Blessing
6. *Mother's Maiden Name* Katharina Frastburg
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Simon Blessing
9. *Father's Occupation* none
10. *Father's Birthplace* Tischbach. Gr. Baden. Germany

Name of Medical Attendant, or other Person who makes this Return. Herr E. Müller

Address No Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14847

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 of October
4. Place of Birth (Street and Number)	James Alley No 19.
5. Full Name of Mother	Margreth Becker
6. Mother's Maiden Name	Margreth Bauer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Becker
9. Father's Occupation	Poter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14848

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Wit
3. Date of Birth	28 of October
4. Place of Birth (Street and Number)	Battery Av. No 135
5. Full Name of Mother	Salla Blank
6. Mother's Maiden Name	Salla Salg
7. Mother's Birthplace	Binswangen
8. Full Name of Father	Frederick Blank
9. Father's Occupation	Baeker
10. Father's Birthplace	Baeker
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128.
Remarks	

RETURN OF A BIRTH.

111819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28th. October 1876
4. *Place of Birth (Street and Number)* 242 Hollins Street
5. *Full Name of Mother* Lizzie Ann ~~Henry~~ Pool
6. *Mother's Maiden Name* Lizzie Ann Henry
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Pool
9. *Father's Occupation* Brass Finisher
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jas Howard. MD.

Address 228 Saratoga St

Remarks Natural labour at term perfectly healthy child

Rules in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14850

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 28th 1876
4. Place of Birth (Street and Number)	25 Orleans St
5. Full Name of Mother	Selina McC. Sherwood
6. Mother's Maiden Name	Selina McCarge
7. Mother's Birthplace	Charlotte Co. Virginia
8. Full Name of Father	Wm B. Sherwood
9. Father's Occupation	Salesman
10. Father's Birthplace	Petersburg Virginia
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reiß. Hebamme
Address	No 26. N. Friedrichsstrit
Remarks	

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) th 28

2. Race or Color (if not of the white race) female

3. Date of Birth 28 of october 1870

4. Place of Birth (Street and Number) Stirling 133 Stirling

5. Full Name of Mother Sarah Lee Nanaler

6. Mother's Maiden Name —

7. Mother's Birthplace Baltimore

8. Full Name of Father —

9. Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Rosa Williamson

Address No 70 Chemnut Street

Remarks Mother And Child Dies Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~) 4

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 28 October
4. *Place of Birth (Street and Number)* 352 Hamburg Strit
5. *Full Name of Mother* Anna Vollmann
6. *Mother's Maiden Name* A Bodeman
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Christoph Vollmann
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leadenhal Strit

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~) 9

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 28 October
4. Place of Birth (Street and Number) 18 ~~[illegible]~~ Pleven Strit
5. Full Name of Mother Christina Kall
6. Mother's Maiden Name L Weiß
7. Mother's Birthplace Deutschland
8. Full Name of Father Heinrich Kall
9. Father's Occupation Kupfer
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leadenhall Strit

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1148511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 9th. Child
1. Sex (state whether Male or Female)	a male child
2. Race or Color (if not of the white race)	A white Child
3. Date of Birth	28 of October 1876
4. Place of Birth (Street and Number)	Baltimore Md. 171 King St.
5. Full Name of Mother	Christina Brehm
6. Mother's Maiden Name	Christina Niemar
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Michael Brehm
9. Father's Occupation	Stove Moulding.
10. Father's Birthplace	Bayern
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Anna Dumblar
Address	60 Schroeder St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Records of Births Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11855

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28th October
4. *Place of Birth (Street and Number)* next to № 1 Baker Court
5. *Full Name of Mother* Elizabeth Becker
6. *Mother's Maiden Name* Bauer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Henry Becker
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler

Address 60 Chesterfield

Remarks

14856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28. October 1876.
4. *Place of Birth (Street and Number)* Baltimore
5. *Full Name of Mother* Anna Popelka Gregor
6. *Mother's Maiden Name* Anna Popelka
7. *Mother's Birthplace* Tařikow
8. *Full Name of Father* John Gregor
9. *Father's Occupation* Labora
10. *Father's Birthplace* Dwišow

Name of Medical Attendant, or other Person who makes this Return. Mary Koptiš, midwife

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

11857
11855

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 12

1. Sex (state whether Male or Female) Male and ~~die~~ Female

2. Race or Color (if not of the white race) white

3. Date of Birth October 28, 1876.

4. Place of Birth (Street and Number) Lemmonen Street nier Monroe St.

5. Full Name of Mother Sherlothe Lennadevity

6. Mother's Maiden Name Sherlotha Brandt

7. Mother's Birthplace Germen.

8. Full Name of Father Charles. Lennadevity

9. Father's Occupation miner.

10. Father's Birthplace Germen

Name of Medical Attendant, or other Person who makes this Return. Mrs E Sinclair

Address No 818 Pratt St

Remarks

14859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
9
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 28th
4. Place of Birth (Street and Number)	No 378 West St
5. Full Name of Mother	Ann Shipley
6. Mother's Maiden Name	Fonte
7. Mother's Birthplace	Balto City
8. Full Name of Father	George Shipley
9. Father's Occupation	Labour
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Buchholz M.D.
Address	141 Hanover St
Remarks	

Penal Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14860

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Twenty ninth October
3. Date of Birth Twenty ninth October
4. Place of Birth (Street and Number) 278 Greenmount Ave
5. Full Name of Mother Catharine Rosalie Evans
6. Mother's Maiden Name Catharine R Willson
7. Mother's Birthplace Baltimore
8. Full Name of Father William Andrew J Evans
9. Father's Occupation Cooper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Worden

Address 331 Asquith St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Children

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored Child
3. Date of Birth 29 of October 1876
4. Place of Birth (Street and Number) No 15 high Aley
5. Full Name of Mother Elisbette Custer
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore M D
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address No 97 Chesnut Ste

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14862

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 1st child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 29th 1876
4. *Place of Birth* (Street and Number)	48 Cookie Street Second floor
5. *Full Name of Mother*	Mary Hinchin
6. *Mother's Maiden Name*	Mary Duffy
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Anthony Hinchin
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Margaret Cudel
Address	13 Cuba Street
Remarks	

RETURN OF A BIRTH.

14862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 Oct 1876
4. Place of Birth (Street and Number)	Hanover St near West St
5. Full Name of Mother	Caroline J Marsh
6. Mother's Maiden Name	Caroline Hillen
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	Philip Marsh
9. Father's Occupation	Night man
10. Father's Birthplace	Baltimore MD
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. R. Caskey
Address	115 Hamburg St
Remarks	all Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties of the Public Statutes of the City of Baltimore.

14864

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct. 29th 1876
4. Place of Birth (Street and Number)	547 E. Fayette St.
5. Full Name of Mother	Elizabeth J. Starkey
6. Mother's Maiden Name	" " Vain
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	Wm. Starkey
9. Father's Occupation	Butcher
10. Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville, Lust, Ld
Address	Balt & Wash. Sts.
Remarks	Natural,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

111-865

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	October 29th 1871
4. Place of Birth (Street and Number)	64 North Fremont St
5. Full Name of Mother	Christine Graf
6. Mother's Maiden Name	Christine Hofmann
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	August Graf
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumler
Address	60 Schroeder
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

114866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 29
4. Place of Birth (Street and Number)	145 S Grun
5. Full Name of Mother	Anna (~~Foster~~) Foster
6. Mother's Maiden Name	Anna ~~Buckelman~~ Bockelman
7. Mother's Birthplace	Md
8. Full Name of Father	(~~Frank Foster~~) Benjamin Franklin Foster
9. Father's Occupation	Brakeman
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mary Heck
Address	328 S Eutaw Apt
Remarks	Full name of child - Milland Morton Foster

~~14867~~
14867

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c~~)

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 29 October
4. *Place of Birth (Street and Number)* 239 Hannover Strit
5. *Full Name of Mother* Margaretha Orenschall
6. *Mother's Maiden Name* M Kemmet
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Gottfried Orenschall
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leadenhall Strit

Remarks

That any physician, accoucheur, mid[illegible] charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

134868

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4)th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 29th 1876
4. Place of Birth (Street and Number)	# 494 Canton Ave
5. Full Name of Mother	Sarah Jane Clark
6. Mother's Maiden Name	Sarah Jane Kingrose
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Thomas Clark
9. Father's Occupation	Huckster
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 435 Alice Anna St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 29th Oct 1876
4. Place of Birth (Street and Number) No 20 Jackson St
5. Full Name of Mother Catherine Clifford
6. Mother's Maiden Name " Waserman
7. Mother's Birthplace Wheeling West Va
8. Full Name of Father Thos L Clifford
9. Father's Occupation Manufacturer Mineral Water
10. Father's Birthplace Tallahassee Fla

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avenue

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
5
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 29. 1876
4. *Place of Birth (Street and Number)* Baker St near Pennsylvania Ave
5. *Full Name of Mother* Mrs Mary Burton
6. *Mother's Maiden Name* Mary Utz
7. *Mother's Birthplace* Carroll Co. Md.
8. *Full Name of Father* Geo W. Burton
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Alexandria Virginia

Name of Medical Attendant, or other Person who makes this Return. B. B. Browne M. D.

Address 307 Madison Ave

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111571

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	October 29th 1876
4. Place of Birth (Street and Number)	~~Albert~~ Stirling St # 195
5. Full Name of Mother	Mary Lange
6. Mother's Maiden Name	" H Swartenburg
7. Mother's Birthplace	Wurtenburg Europe
8. Full Name of Father	Christian Lange
9. Father's Occupation	Baker
10. Father's Birthplace	Hamburg Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	48 Holland St City
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics of the City of Baltimore.

14872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 29 octobre 1876
4. Place of Birth (Street and Number) ~~180 [illegible]~~ 180 waderiedlby
5. Full Name of Mother lizzie haman
6. Mother's Maiden Name lizzie Dingler
7. Mother's Birthplace Baltimore
8. Full Name of Father william haman
9. Father's Occupation oyster shucker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address colington avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14873

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 d.

1. Sex (state whether Male or Female) Knabe.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 29. Ctr. 1876.
4. Place of Birth (Street and Number) Baltimore Elliott St. 75.
5. Full Name of Mother Dorothea Neserke.
6. Mother's Maiden Name Pistorn
7. Mother's Birthplace Preußen.
8. Full Name of Father Carl Neserke.
9. Father's Occupation Schreiner.
10. Father's Birthplace Preußen.

Name of Medical Attendant, or other Person who makes this Return. Anna Remmen.

Address Elliott St. 61.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1118711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4th

1. Sex (*state whether Male or Female*)

2. Race or Color (*if not of the white race*) white

3. Date of Birth Feb 21 1896

4. Place of Birth (*Street and Number*) 434 N Kay St

5. Full Name of Mother Virginia Roberta Keton

6. Mother's Maiden Name V. R. Vaughn

7. Mother's Birthplace Virginia

8. Full Name of Father James P. Keton

9. Father's Occupation Carpenter

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. F. A. Jones M.D.

Address 256 N. Eden St

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11875

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
(state whether Male or Female)	Male
or Color (if not of the white race)	White
of Birth	29th October
of Birth (Street and Number)	117 Bank cor Register Sts
Name of Mother	
er's Maiden Name	Martha A. Rouse
er's Birthplace	Baltimore
Name of Father	Albert Blume
er's Occupation	Saloon Keeper
er's Birthplace	Germany
e of Medical Attendant, or other Person who makes this Return.	Mrs Knowles
ress	
arks	

14876

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
20
1877
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October the 29 1876
4. *Place of Birth (Street and Number)* Baltimore No 24 Walnut Alley
5. *Full Name of Mother* Hannah Frisby
6. *Mother's Maiden Name* Bowen
7. *Mother's Birthplace* Frederick Co md
8. *Full Name of Father* Henry Frisby
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Harford Co md

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address No 83 Oxford St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14877

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name, Norman Rogers Keeling

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 30th 1876
4. *Place of Birth (Street and Number)* 324 North Broad St
5. *Full Name of Mother* Eliza Whitlock Keeling
6. *Mother's Maiden Name* Eliza Whitlock Stubbs
7. *Mother's Birthplace* West Virginia
8. *Full Name of Father* John Lawson Keeling
9. *Father's Occupation* House Builder
10. *Father's Birthplace* Prince Charles Co Virginia

Name of Medical Attendant, or other Person who makes this Return. E. Geo. Walls

Address 181 E Monument St

Remarks A very well developed child

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 of October
4. Place of Birth (Street and Number)	216 Cookerie Street
5. Full Name of Mother	Mary Eliza Driscoll
6. Mother's Maiden Name	Mary Eliza Driscoll
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	Cornelius Driscoll
9. Father's Occupation	Stevedore
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs John Phillips
Address	— Hull St
Remarks	

Margaret Phillips

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 Oct 1876
4. Place of Birth (Street and Number)	116 Hamburg St Balto Md
5. Full Name of Mother	Sarah E Boyd
6. Mother's Maiden Name	Sarah E Johnson
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Boyd
9. Father's Occupation	Boiler Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. R. Caskey
Address	115 Hamburg St
Remarks	all Well

14880

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 30th 1876
4. Place of Birth (Street and Number) Albermarle and Gramby & no number
5. Full Name of Mother Georgina Miller
6. Mother's Maiden Name Georgina Kieng
7. Mother's Birthplace Germany
8. Full Name of Father Peter Miller
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E Monument St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Octob 30
4. Place of Birth (Street and Number)	250 Aliceanna St
5. Full Name of Mother	Mary Adams
6. Mother's Maiden Name	" Nox
7. Mother's Birthplace	Germany
8. Full Name of Father	Thomas Adams
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo 30/76
4. Place of Birth (Street and Number)	No 352 Eastern avenue
5. Full Name of Mother	Mary E Wrightson
6. Mother's Maiden Name	Mary E. Wellener
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	John T. Wrightson
9. Father's Occupation	Plumber
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Thomas R. Evans M.D
Address	No 18 Jackson Square
Remarks	Balto M. D

14883
14884

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Children

1. Sex (state whether Male or Female) Last two is twenes Male Female
2. Race or Color (if not of the white race) White
3. Date of Birth Born the 30th of October 1876
4. Place of Birth (Street and Number) 276 South East corner of Pratt and Durham
5. Full Name of Mother Susan Oestler
6. Mother's Maiden Name Susan Shrefer
7. Mother's Birthplace Germany
8. Full Name of Father Nickel Shrefer
9. Father's Occupation Beir Pruery
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chappel st for John Kunkel

Remarks Healthy

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14885

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 1 1916 BALTIMORE

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* Oct 30th 1916.
4. *Place of Birth (Street and Number)* 139 Carrollton Ave,
5. *Full Name of Mother* Laura V. Wedge.
6. *Mother's Maiden Name* Laura V. Yeager.
7. *Mother's Birthplace* Balto City.
8. *Full Name of Father* Stephen J. Wedge.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. John J. A. Krozer M.D. City

Address

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 30 day of October

4. Place of Birth (Street and Number) No 463 Clayton Avenue

5. Full Name of Mother Mary Ellisbeth Long

6. Mother's Maiden Name Mary Ellisbeth Grover

7. Mother's Birthplace Baltimore

8. Full Name of Father Robert Fisher Long

9. Father's Occupation Labora

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penal Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

111887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1876 BALTIMORE

No. of Child of Mother (*state whether 1st, ~~2d, 3d,~~ &c.*) 1

1. *Sex* (*state whether Male or Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* Oct 30/76
4. *Place of Birth* (*Street and Number*) N.E. Cor Lombard and Campbell
5. *Full Name of Mother* Wilhelmina Emilf
6. *Mother's Maiden Name* " Pohlmann
7. *Mother's Birthplace* [redacted] Md.
8. *Full Name of Father* Chas Emilf
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. H. T. Spencer M.D.

Address 379 N. Lombard St

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14888

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 6 1916 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) . . 3 Child

1. Sex (state whether Male or Female) . . . Female

2. Race or Color (if not of the white race) . . White

3. Date of Birth October 30. th

4. Place of Birth (Street and Number) No. 10. Fredrick Avenue & Mount

5. Full Name of Mother Elisabetha Freund

6. Mother's Maiden Name Elisa. Reiver Baltimore

7. Mother's Birthplace Baltimore, City.

8. Full Name of Father Henry Freund

9. Father's Occupation . . . Restaurant

10. Father's Birthplace Shlüchtern Germania

Name of Medical Attendant, or other Person who makes this Return. Mess. Dumler.

Address Nort. & Shroeder Street.

Remarks

[redacted]

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 30 - 1876
4. Place of Birth (Street and Number)	No 16 Etting St
5. Full Name of Mother	Anna E Roland
6. Mother's Maiden Name	" " Moss
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm Thos. Roland
9. Father's Occupation	Shoe-Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	W G Reden Md
Address	87 Mulberry St
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	October 30th 1876.
4. Place of Birth (Street and Number)	160 Lee St.
5. Full Name of Mother	Catharine V. Pue.
6. Mother's Maiden Name	" " Neidhamer.
7. Mother's Birthplace	Norfolk. Va.
8. Full Name of Father	Augustus F. Pue.
9. Father's Occupation	Painter.
10. Father's Birthplace	Norfolk Va.
Name of Medical Attendant, or other Person who makes this Return.	R. L. Hall. M.D.
Address	158 Sharp St.
Remarks	Child Living -

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14891

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 1

(state whether Male or Female) Boy

e or Color (if not of the white race) Colored

e of Birth 30 of Oct

ce of Birth (Street and Number) No 2 Diamond St

Name of Mother Ellen Adeline Planter

her's Maiden Name

her's Birthplace Arundle

Name of Father Stephen A Planter

er's Occupation Laborer

er's Birthplace Baltimore City

e of Medical Attendant, or other Person who makes this Return. Ellen Chubbs

ress

arks

111592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Chaiel
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colon
3. Date of Birth	October the 20th 8.96. 5 o'clock.
4. Place of Birth (Street and Number)	52. Camelaly
5. Full Name of Mother	Mary oliver
6. Mother's Maiden Name	Mary J. Shortten
7. Mother's Birthplace	Birthplace Baltimore City
8. Full Name of Father	John westly oliver
9. Father's Occupation	Watter
10. Father's Birthplace	Baltimore Countyell D. Longgger
Name of Medical Attendant, or other Person who makes this Return.	Mrs Adelefine moadly
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties of the City of Baltimore.

14893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 October
4. Place of Birth (Street and Number)	59 Buren St
5. Full Name of Mother	Lynch
6. Mother's Maiden Name	Mary Ann O Brian
7. Mother's Birthplace	~~[illegible]~~ Richmond
8. Full Name of Father	James Lynch
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 19 Forrest Place
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

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14894

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Joh. Sixt Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) ——
3. Date of Birth 30th October 1876
4. Place of Birth (Street and Number) 54 Washington St.
5. Full Name of Mother Johanna Thorman
6. Mother's Maiden Name Jauch
7. Mother's Birthplace Germany
8. Full Name of Father Joh. George Thorman
9. Father's Occupation Cabinet maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E. Lombard St.

Remarks ~~Still born~~ Birned at St. Michael's Cemt.

At Oct. 30th 1876 Untertacker Wm. Nicolaus Alexander St.

No. 258

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Act Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11895

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex* (state whether Male or Female)	Female Child
2. *Race or Color* (if not of the white race)	Colored Child
3. *Date of Birth*	Born on 30 of October 1876
4. *Place of Birth* (Street and Number)	east Stre No 48 Baltimo.
5. *Full Name of Mother*	+
6. *Mother's Maiden Name*	May L Moore
7. *Mother's Birthplace*	Baltimo M D
8. *Full Name of Father*	+
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	Harvey Jackson
Address	No 97 Chestnut Stre
Remarks	

14896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Octob. 31. 1876
4. *Place of Birth (Street and Number)* O. Monument str 451
5. *Full Name of Mother* Marie Uecker
6. *Mother's Maiden Name* Dressel
7. *Mother's Birthplace* Hesselbach Bayern
8. *Full Name of Father* Martin Uecker
9. *Father's Occupation* Blacksmidt
10. *Father's Birthplace* Ueckerbischofsheim Baden

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address S. Wolf str. No 28

Remarks Midwife

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14897

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6te

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth Oct. 31. 1876

4. Place of Birth (Street and Number) S. Roestel str No 4

5. Full Name of Mother Mary Praute

6. Mother's Maiden Name Leise

7. Mother's Birthplace Baltimore

8. Full Name of Father Alfred Praute

9. Father's Occupation Seemann

10. Father's Birthplace Massesuset.

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Wolf str No 28

Remarks Mid wife

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 and

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 31st 1876
4. Place of Birth (Street and Number) 486 Eastern avenue Baltimore
5. Full Name of Mother Christiana Zemke
6. Mother's Maiden Name Chistiana Zemke
7. Mother's Birthplace Baiene
8. Full Name of Father Herman Zemke
9. Father's Occupation Laborer
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address 118 S Chapel st

Remarks F P

Vice Record of Vital Statistics in the City of Baltimore,

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RETURN OF A BIRTH.

114899

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Oct. 31 1876.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Oct. 31st. 1876.
4. *Place of Birth (Street and Number)* 101. Wolfe St.
5. *Full Name of Mother* Louise Reiter.
6. *Mother's Maiden Name* Louise Wagner.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Augusta Reiter
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No. 137 Wolfe St.

Remarks —

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or otherwise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14900

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 31st 1876.
4. Place of Birth (Street and Number) 25 Union St
5. Full Name of Mother Kinniguda Ochs
6. Mother's Maiden Name Heindereichen
7. Mother's Birthplace Germany
8. Full Name of Father Adam Ochs
9. Father's Occupation Shoemaker.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene St.

Remarks Midwife had been with the woman many hours; she sent for medical aid. Forceps delivery.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14881
14901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	30th Oct 1876.
4. Place of Birth (Street and Number)	37 Washington St.
5. Full Name of Mother	Johanna Thompson
6. Mother's Maiden Name	" Tauch
7. Mother's Birthplace	Germany
8. Full Name of Father	John George Thompson
9. Father's Occupation	Cabinet-maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Baxter
Address	526 Lombard St.
Remarks	

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth october 31 1876
4. Place of Birth (Street and Number) jackson avenue 118
5. Full Name of Mother rachel weaver
6. Mother's Maiden Name Rachel Porkuoy
7. Mother's Birthplace germanny
8. Full Name of Father Daniel weaver
9. Father's Occupation Butcher
10. Father's Birthplace germanny

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address colington avenue

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

14903

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31. Oktober 1876
4. *Place of Birth (Street and Number)* Lexington st. 500.
5. *Full Name of Mother* Mary Anthonia Müller
6. *Mother's Maiden Name* Mary Anthonia Hessrich
7. *Mother's Birthplace* Bavaria Sulzbach
8. *Full Name of Father* Lowens Müller
9. *Father's Occupation* Cooper and Restaurant
10. *Father's Birthplace* Hessen Kassel

Name of Medical Attendant, or other Person who makes this Return. Miss Dunker

Address N. Schroeder str. 60

Remarks

Penalties in the City of Baltimore.

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14904

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Oct. 31st 1876
4. *Place of Birth* (Street and Number)	#23 S. Durham St.
5. *Full Name of Mother*	Kunigunda Ritter
6. *Mother's Maiden Name*	" Townsend
7. *Mother's Birthplace*	Bavaria
8. *Full Name of Father*	Andreas Ritter
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	M. Lederer
Address	#25 S. Durham St.
Remarks	

RETURN OF A BIRTH.

14905

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Oct 31st 1876
4. *Place of Birth (Street and Number)*	No 480 Eastern Avenue
5. *Full Name of Mother*	Christiana Zempke Bainn
6. *Mother's Maiden Name*	Christiana Zemke Bainn
7. *Mother's Birthplace*	Bavaria
8. *Full Name of Father*	Herman Zempke
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	No 178 Chapel St
Remarks	Died of cathare & Spasmes.

Penalties in the City of Baltimore.

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14906

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo 31 st
4. Place of Birth (Street and Number)	No 80 Mound St
5. Full Name of Mother	Maria Kraus
6. Mother's Maiden Name	Maria Kraus
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Kraus
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Sinclair
Address	No 818 Pratt St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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14907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first —
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Octor 31.
4. *Place of Birth* (Street and Number)	13 Penn St
5. *Full Name of Mother*	Kate Emma Merritt
6. *Mother's Maiden Name*	Kate Emma Lynch
7. *Mother's Birthplace*	Baltimore County
8. *Full Name of Father*	Charles Stanton Merritt
9. *Father's Occupation*	Commission Merchant
10. *Father's Birthplace*	Anne Arundel County
Name of Medical Attendant, or other Person who makes this Return.	Saml H. Henry M.D.
Address	198. Druid Hill Avenue —
Remarks	

red Record of Vital Statistics in the City of Baltimore.

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14908

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7 ed Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Oct 31st 1876
4. Place of Birth (Street and Number) Belaire av. no number
5. Full Name of Mother Mary Theler
6. Mother's Maiden Name Telle
7. Mother's Birthplace Emil Theler
8. Full Name of Father both born in Germany
9. Father's Occupation Baarkoper
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 213 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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Penalties in the City of Baltimore.

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RETURN OF A BIRTH.

14909

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 31st Oktober 1876.
4. *Place of Birth (Street and Number)* 453. Hanover St.
5. *Full Name of Mother* Caroline Jackson.
6. *Mother's Maiden Name* Caroline Brown.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Jackson.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs Katherine Horner.

Address No. 29. Elezabeth Lane.

Remarks

14919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 2 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 31st 1876
4. Place of Birth (Street and Number) No 116 Druid Hill Ave
5. Full Name of Mother Anna Hillegeist
6. Mother's Maiden Name Anna Bishoff
7. Mother's Birthplace Baltimore
8. Full Name of Father Arnold E. Hillegeist
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E Monument St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	14th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 31 st 1876
4. Place of Birth (Street and Number)	No 81 Fort st
5. Full Name of Mother	Cathern Driggs
6. Mother's Maiden Name	Rodriguez
7. Mother's Birthplace	America
8. Full Name of Father	John Driggs
9. Father's Occupation	Ship carpenter
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lochmueller midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	31 October
4. Place of Birth (Street and Number)	56 N Broadway
5. Full Name of Mother	Ann M Shaw
6. Mother's Maiden Name	Myers
7. Mother's Birthplace	Maryland York Pennsylvania
8. Full Name of Father	Thomas B Shaw
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Maryland York Pa
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrissmer
Address	No 19 Forrest Place
Remarks	

Peer Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1.4913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 31st 1876
4. Place of Birth (Street and Number)	69 Ramsay Street
5. Full Name of Mother	Elizabeth A May
6. Mother's Maiden Name	Elizabeth A Hatter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Philip May
9. Father's Occupation	Ice Cream Dealer
10. Father's Birthplace	Dist Columbia
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address	146 W Lanvale St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 1st 1876

4. Place of Birth (Street and Number) 31 W Balto St

5. Full Name of Mother Mary A Zeigler

6. Mother's Maiden Name Ohrenschall

7. Mother's Birthplace Balto city

8. Full Name of Father Charles Zeigler

9. Father's Occupation Hatter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J H Currey

Address 76 S Paca St

Remarks

[illegible] of Vital Statistics at the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
4
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 1st November 1876.
4. *Place of Birth (Street and Number)* 394. Charles St.
5. *Full Name of Mother* Maggie Rudolf.
6. *Mother's Maiden Name* Maggie Hisson.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Matt Rudolf.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No 29. Elizabeth Lane

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Record of Vital Statistics in the City of Baltimore.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11916

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Nov. 3rd 1876.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Nov. 1st 1876.
4. *Place of Birth (Street and Number)* 193 Broadway.
5. *Full Name of Mother* Louisa Kreisel.
6. *Mother's Maiden Name* Louisa Wacht.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Otto Kreisel.
9. *Father's Occupation* Fancy goods.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amand

Address No 137 Wolfe St.

Remarks ——

14-917

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* November 1st 1876.
4. *Place of Birth (Street and Number)* 369 Light Street.
5. *Full Name of Mother* Bertha Grunebaum
6. *Mother's Maiden Name* Bertha Baer.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Asser Grunebaum
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Benne

Address 114 Battery Av.

Remarks

Peer Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14918

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 Nov. 1876
4. *Place of Birth (Street and Number)* 176 Pratt St.
5. *Full Name of Mother* Louise Gossman
6. *Mother's Maiden Name* " Deiman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Shoe maker x
9. *Father's Occupation* x Louis Gossman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard

Remarks

"please excuse mistake"

Vect Record of Vital Statistics in the City of Baltimore.

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14919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* d. 1 d. of November
4. *Place of Birth (Street and Number)* 126 Lo stret
5. *Full Name of Mother* Marie Lautenschlager
6. *Mother's Maiden Name* Marie Buschhardt
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Heinrich Lautenschlager
9. *Father's Occupation* Fakmaker
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bondstret

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

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Vital Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14920

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1 November
4. *Place of Birth (Street and Number)* 21 Wolf Street
5. *Full Name of Mother* Barbara Kummel
6. *Mother's Maiden Name* Lochermann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georgi Kummel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address 20 20 Granby Street

Remarks

14921

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 1st 1876
4. Place of Birth (Street and Number) 412 E. Orlean st
5. Full Name of Mother Louisa Yerby
6. Mother's Maiden Name Louisa Clark
7. Mother's Birthplace Baltimore City
8. Full Name of Father Samuel E. Yerby
9. Father's Occupation Night Watchman
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 126 N. Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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11922

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Nov 1st 1876
4. Place of Birth (Street and Number)	238 Rabora ~~Rabora~~ st
5. Full Name of Mother	Rebecca Grosse
6. Mother's Maiden Name	Rebecca Grosse
7. Mother's Birthplace	Colbert County MD.
8. Full Name of Father	William grosse
9. Father's Occupation	Sailer
10. Father's Birthplace	Colbert county MD
Name of Medical Attendant, or other Person who makes this Return.	Molly Blake
Address	
Remarks	

HEALTH DEPARTMENT NOV 3 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

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14923

W

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex (state whether Male or Female) Male [illegible]

2. Race or Color (if not of the white race) Colored

3. Date of Birth th 1 November 1876

4. Place of Birth (Street and Number) No 3 Chesnut Street

5. Full Name of Mother henretta Asking

6. Mother's Maiden Name henretta gray

7. Mother's Birthplace frank Asking

8. Full Name of Father Weston wigner

9. Father's Occupation Cooper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Rosa William

Address No 70 Chesnut Street

Remarks Mother And Child doing well

Vect Record of Vital Statistics in the City of Baltimore.

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14924

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 4

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 1 November
4. *Place of Birth (Street and Number)* 85 Hennerfelton Strit
5. *Full Name of Mother* Mina Simiraire
6. *Mother's Maiden Name* Mina Nahrgang
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Josef Simiraire
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Gaudenhall Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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14925

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 2nd 76

4. Place of Birth (Street and Number) 248 S Paca St

5. Full Name of Mother Mary E Shriver

6. Mother's Maiden Name Zimmerman

7. Mother's Birthplace Penn

8. Full Name of Father Ralph Shriver

9. Father's Occupation Cooper

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. I H Currey

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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14926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 9th

1. Sex (state whether Male or Female) "

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 2nd 1876

4. Place of Birth (Street and Number) No 22 S. Republican St

5. Full Name of Mother Mary G. Thompson

6. Mother's Maiden Name " Scharf

7. Mother's Birthplace Balto Md

8. Full Name of Father Jno. Thompson

9. Father's Occupation Clerk

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Bicerhw

Address 379 W. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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14927

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colleed

3. Date of Birth th 2 of Nov 1876

4. Place of Birth (Street and Number) No 10 gardin Street

5. Full Name of Mother Sara f isaac

6. Mother's Maiden Name Sarah f. orom

7. Mother's Birthplace Baltimore City

8. Full Name of Father Jr 2 isaac

9. Father's Occupation Whator

10. Father's Birthplace Easton

Name of Medical Attendant, or other Person who makes this Return. Rosetta William

Address No 70 Chesnut Street

Remarks Mother and Child

Vect Record of Vital Statistics in the City of Baltimore.

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14928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) —

3. Date of Birth 2d Nov. 1876.

4. Place of Birth (Street and Number) 62 Canal St.

5. Full Name of Mother Mollie Mitzel

6. Mother's Maiden Name Bitters

7. Mother's Birthplace U States of America

8. Full Name of Father Andrew Mitzel

9. Father's Occupation Laborer

10. Father's Birthplace U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 526 E. Lombard St.

Remarks

...ect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14929

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 2nd 1876.
4. Place of Birth (Street and Number)	No 12 Cumberland
5. Full Name of Mother	Maggie C Kraft.
6. Mother's Maiden Name	" " Meise
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Kraft
9. Father's Occupation	Candy-maker.
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Schmitt
Address	No 476 Penn Ave.
Remarks	

14930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4ten Kind

1. Sex (state whether Male or Female) Lub
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geborner den 2ten November.
4. Place of Birth (Street and Number) No 225 Corner of Bethel und Alizzander Str
5. Full Name of Mother Schönn Iken
6. Mother's Maiden Name Schönn Habert
7. Mother's Birthplace Ireland
8. Full Name of Father William Ike
9. Father's Occupation Handarbeiter
10. Father's Birthplace Irrland.

Name of Medical Attendant, or other Person who makes this Return.

Address No 178 Corner of Dallas und Eärten Str

Remarks Fiderike Kaufmann

Hebamme

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111931

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 2nd 1896
4. Place of Birth (Street and Number)	No 40 Clements Street
5. Full Name of Mother	Mary Moran
6. Mother's Maiden Name	Mary Barret
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Moran
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore M. D
Name of Medical Attendant, or other Person who makes this Return.	Margret Endel
Address	No 13 Cuba Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14932

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 2. 1876
4. Place of Birth (Street and Number) N. Wolfstr No 64
5. Full Name of Mother Katharina Lautz
6. Mother's Maiden Name Katharina Eim
7. Mother's Birthplace Oberhamfeld Bayern
8. Full Name of Father Johann Lautz
9. Father's Occupation Saloon Piper
10. Father's Birthplace Luxemburg

Name of Medical Attendant, or other Person who makes this Return. Ad. Johanna Raupach

Address S. Wolfstr No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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111933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 2nd 1876
4. Place of Birth (Street and Number)	690 Light St
5. Full Name of Mother	Amanda V Hawkins
6. Mother's Maiden Name	Amanda V Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fred Hawkins
9. Father's Occupation	Lumber Carter
10. Father's Birthplace	Wales
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146. Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114931

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 2d 1876
4. Place of Birth (Street and Number)	10 Boundary alley
5. Full Name of Mother	Sophia Nettleship
6. Mother's Maiden Name	Sophia Carter
7. Mother's Birthplace	England
8. Full Name of Father	Edmund Nettleship
9. Father's Occupation	Laborer
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Chas Fawcett
Address	93 Mosher St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11935

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 2 one 1876
4. Place of Birth (Street and Number)	No 26 Warner St
5. Full Name of Mother	Susan B. Mourning
6. Mother's Maiden Name	Thornton
7. Mother's Birthplace	Gloucester Co. Va.
8. Full Name of Father	Wm. G. Mourning
9. Father's Occupation	Coal Merchant
10. Father's Birthplace	Gloucester Co. Va.
Name of Medical Attendant, or other Person who makes this Return.	R. G. Lee
Address	Hanover & Barre Sts
Remarks	

RETURN OF A BIRTH.

11936

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	November 2nd 1876
4. Place of Birth (Street and Number)	1057 Grand alley
5. Full Name of Mother	
6. Mother's Maiden Name	Emma Frisby
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James B. Downey
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amelia Jefferson
Address	46 Hamilton st
Remarks	this is an illegitimate child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14937

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex* (state whether Male or Female) female Child
2. *Race or Color* (if not of the white race) of the Colord Race
3. *Date of Birth* November the 2 1876
4. *Place of Birth* (Street and Number) Burk Street No 16 Baltimore
5. *Full Name of Mother* Sabina Rennoles
6. *Mother's Maiden Name* Susan Cane
7. *Mother's Birthplace* Dorchestor Co Md
8. *Full Name of Father* Jorge Rennols
9. *Father's Occupation* oysters Shucker
10. *Father's Birthplace* North Carlinor

Name of Medical Attendant, or other Person who makes this Return. Lucinda Wolford

Address North Regester St 130 Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth No 1 Mehoan

4. Place of Birth (Street and Number) November 2 1810

5. Full Name of Mother Kate Meyer

6. Mother's Maiden Name Kate Kopp

7. Mother's Birthplace Germany

8. Full Name of Father Alexander Meyer

9. Father's Occupation Wheelwright

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Minnie Meschgill

Address No 220 Preston St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 2. 1876.
4. Place of Birth (Street and Number)	No. 301 Mc Donogh st.
5. Full Name of Mother	Annie M. Healy & Johnson
6. Mother's Maiden Name	Annie M. Healy
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	Henry Johnson.
9. Father's Occupation	Moulder Finisher
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Wm Walter
Address	25 N. Caroline st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5d child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	2d of November 1870
4. Place of Birth (Street and Number)	No 1 Hillmore Al.
5. Full Name of Mother	Barbary Ludwick
6. Mother's Maiden Name	Barbary Bamline
7. Mother's Birthplace	Steinebeck Germany.
8. Full Name of Father	Paul Ludwick
9. Father's Occupation	Labor.
10. Father's Birthplace	Bingaum Germany.
Name of Medical Attendant, or other Person who makes this Return.	Anna Lindner.
Address	No 40 Monroe St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	November 2. 1876.
4. Place of Birth (Street and Number)	105 Gough St.
5. Full Name of Mother	Mary V. Alford.
6. Mother's Maiden Name	Mary V. Mitchell.
7. Mother's Birthplace	Dorchester Co. Md.
8. Full Name of Father	James H. Alford.
9. Father's Occupation	Insurance Agt.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. Powell. M.D.
Address	224 Carrollton Ave.
Remarks	Child in good Physical Condition.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

149112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	November 2d 1876.
4. Place of Birth (Street and Number)	64 Central Avenue.
5. Full Name of Mother	Caroline A. Leonhardt.
6. Mother's Maiden Name	Caroline A. Bardell.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John A. Leonhardt.
9. Father's Occupation	Wagon Builder.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno F. Powell M. D.
Address	224 Carrollton Ave
Remarks	Child - Premature but in good Physical Condition. (8½ Months)

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1149113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 2nd 1876
4. Place of Birth (Street and Number)	Washington Sh near Gay
5. Full Name of Mother	Lavinia Stockman
6. Mother's Maiden Name	Appold
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo W. Stockman
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catharine Lanahan
Address	531 N Gay St
Remarks	

NOV 11 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Nov. 2d 1876

4. Place of Birth (Street and Number) Mulberry St 176

5. Full Name of Mother Mathilda Schleunes

6. Mother's Maiden Name Mathilda Trungmann

7. Mother's Birthplace Philadelphia Pa

8. Full Name of Father Francis Schleunes

9. Father's Occupation Merchant

10. Father's Birthplace Wallau (Nassau) Germany

Name of Medical Attendant, or other Person who makes this Return. D. H. Feldmann M. D.

Address 120 Pearl St. Baltimore

Remarks

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rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 2d 1876
4. *Place of Birth (Street and Number)* Carrollton Hotel
5. *Full Name of Mother* Clara Paulenie Coleman
6. *Mother's Maiden Name* Clara Paulenie Adams
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frederick William Coleman
9. *Father's Occupation* Propr. Carrollton Hotel
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. F. L. Chatard M.D

Address 1114 Park Ave

Remarks

Boards and Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114916

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1916
BALTIMORE

No. of Child of Mother (~~*state whether 1st, 2d, 3d, &c.*~~)

1. *Sex* (*state whether Male* ~~*or Female*~~)
2. *Race or Color* (~~*If not of the*~~ *white race*)
3. *Date of Birth* Nov. 2nd 8 P. M.
4. *Place of Birth* (*Street and Number*) 348 Baltic. Road
5. *Full Name of Mother* Maria Schroder
6. *Mother's Maiden Name* " Schmelzer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Schroder
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. A. Fischer M.D.

Address

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 2d 1876

4. Place of Birth (Street and Number) No 320 Central Ave

5. Full Name of Mother Barbara Krautzer

6. Mother's Maiden Name Barbara Getz

7. Mother's Birthplace Germany

8. Full Name of Father Casper Krautzer

9. Father's Occupation City Garbage Cart

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E Monument

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114948

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The second
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 2nd
4. Place of Birth (Street and Number)	No 2 Brune Street
5. Full Name of Mother	Mary Spratis
6. Mother's Maiden Name	Rohr
7. Mother's Birthplace	New-York City
8. Full Name of Father	Sylvester Spratis
9. Father's Occupation	Broommaker
10. Father's Birthplace	St. Mary, Nassau County, Florida
Name of Medical Attendant, or other Person who makes this Return.	C. J. Kleeber M D.
Address	No 222 N. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

114949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2d Day of November
4. *Place of Birth (Street and Number)* No 324 Light St
5. *Full Name of Mother* Anne E. Wiley
6. *Mother's Maiden Name* Wells.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* A. Wiley
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Schmidt M.D.

Address 92 N. Eutaw St.

Remarks ———

14950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Nov. 3rd 1876.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Nov 3rd 1876.
4. Place of Birth (Street and Number) 185 Bank St.
5. Full Name of Mother Mary Hitetz
6. Mother's Maiden Name Mary Grau.
7. Mother's Birthplace Germany.
8. Full Name of Father William Hitetz.
9. Father's Occupation Stuerd.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. At Amend.

Address No 137 Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14951

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex (state whether Male or Female) Boj
2. Race or Color (if not of the white race) White
3. Date of Birth 3 Nowember
4. Place of Birth (Street and Number) 44 Them Stret
5. Full Name of Mother Babrie Crojer
6. Mother's Maiden Name Hupka
7. Mother's Birthplace Tepno
8. Full Name of Father Johan Hupka
9. Father's Occupation
10. Father's Birthplace Gąnzawa

Name of Medical Attendant, or other Person who makes this Return. Marie Güttner

Address 245 Wolf Stret.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14952

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Children

1. Sex (state whether Male or Female) Last a boy
2. Race or Color (if not of the white race) White
3. Date of Birth born the 3rd of November 1876
4. Place of Birth (Street and Number) 62 North Macedon st
5. Full Name of Mother Elisabeth Ditz
6. Mother's Maiden Name Elisabeth Ruppert
7. Mother's Birthplace Germany
8. Full Name of Father John Ruppert
9. Father's Occupation Bricklayer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chappel st pr John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14953

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 3 Nov. 1876

4. Place of Birth (Street and Number) 107 Gay St.

5. Full Name of Mother Maggie Gaiters

6. Mother's Maiden Name [illegible] Fox

7. Mother's Birthplace U States of America

8. Full Name of Father John Gaiters

9. Father's Occupation Express man

10. Father's Birthplace U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1149511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female),	male
2. Race or Color (if not of the white race)	
3. Date of Birth	21 Nov 1876.
4. Place of Birth (Street and Number)	31 Centre Market Space
5. Full Name of Mother	Bridget Cochran
6. Mother's Maiden Name	Birbridge
7. Mother's Birthplace	Ireland
8. Full Name of Father	Timothy Cochran
9. Father's Occupation	Restaurant keeper
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carter
Address	52 E Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That it is the duty of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician; accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11955

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* 9 Brewer Alley, Nov. 3 1876
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Sarah E. Parker,
6. *Mother's Maiden Name* Edwards
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Chas. Edward Parker,
9. *Father's Occupation* Driver,
10. *Father's Birthplace* Richmond, Va.

Name of Medical Attendant, or other Person who makes this Return. J. L. Lyle M.D.

Address 247 Lawson St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 3rd 1876

4. Place of Birth (Street and Number) 61 Augusta St

5. Full Name of Mother Sophie Wheeler

6. Mother's Maiden Name " Medinger

7. Mother's Birthplace Baltimore

8. Full Name of Father J. Columbus Wheeler

9. Father's Occupation Grocer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. O. B. Williams

Address 201 Madison Ave

Remarks

14957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 3rd 1876
4. Place of Birth (Street and Number) St Pauls cor of Pleasant (N. East)
5. Full Name of Mother Agnes J Miller
6. Mother's Maiden Name Agnes J Owens
7. Mother's Birthplace Baltimore
8. Full Name of Father Decatur Howard Miller Jr
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Riggin Buckler

Address 135 N Charles St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) Colored

3. Date of Birth November 3rd 1876

4. Place of Birth (Street and Number) 17 State St.

5. Full Name of Mother Mary Ann Johnson

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father Unknown

9. Father's Occupation do

10. Father's Birthplace do

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winnebergen

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11959

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 3-76.
4. Place of Birth (Street and Number)	190 Division St.
5. Full Name of Mother	Mary Katzenberger
6. Mother's Maiden Name	Bell
7. Mother's Birthplace	Balto. City
8. Full Name of Father	John H. Katzenberger
9. Father's Occupation	Secretary "Howard Fire Ins. Co."
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14960

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 3 d 1876
4. Place of Birth (Street and Number)	No 41 Lombard st.
5. Full Name of Mother	Julia Hennings
6. Mother's Maiden Name	Block.
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Hennings
9. Father's Occupation	Musciner
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schroosser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14961

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 3rd
4. Place of Birth (Street and Number)	Baltimore. No 23 Burrough st
5. Full Name of Mother	Mary Donley
6. Mother's Maiden Name	Mary Nixon
7. Mother's Birthplace	North Carolina
8. Full Name of Father	William J. Donley
9. Father's Occupation	Saborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 3. 1876
4. Place of Birth (Street and Number)	No 28 Burrough st Baltimore
5. Full Name of Mother	Susan E Figgs
6. Mother's Maiden Name	Susan E Wheeler
7. Mother's Birthplace	Dorchester County Md
8. Full Name of Father	Calf H Figgs
9. Father's Occupation	Coater
10. Father's Birthplace	Dorchester County Md
Name of Medical Attendant, or other Person who makes this Return.	Hers A Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Nov. 3. 1876
4. *Place of Birth* (Street and Number)	850. N. Gay st.
5. *Full Name of Mother*	Mary H. Howard Wilkins
6. *Mother's Maiden Name*	Mary H. Howard
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Oliver Holland Wilkins
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Waller
Address	125 N. Eden
Remarks	

Register-Registrations of the Boards of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

149641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 3rd 1876
4. Place of Birth (Street and Number) 187 Jefferson St
5. Full Name of Mother Mrs Emma H Kinsey
6. Mother's Maiden Name Emma H Smyrk
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father Josiah Kinsey
9. Father's Occupation Fr Baltimore & Ohio Depot
10. Father's Birthplace Wales

Name of Medical Attendant, or other Person who makes this Return. Anni Schultze

Address

Remarks Very Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth — Nov. 5th 1916.
4. Place of Birth (Street and Number) — 143 Hopkins St.
5. Full Name of Mother — Nanette R. Klarner,
6. Mother's Maiden Name — Nanette R. Auer,
7. Mother's Birthplace — Balto Co Md,
8. Full Name of Father — Herman A. Klarner,
9. Father's Occupation — Agent
10. Father's Birthplace — Erfurt Prussia,

Name of Medical Attendant, or other Person who makes this Return. — John I. R. Krozer Md

Address — " City.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth Nov 3rd " 76
4. Place of Birth (Street and Number) 91 Frederick Ave
5. Full Name of Mother Sarah T. Baughen
6. Mother's Maiden Name " " Dare
7. Mother's Birthplace Culvert Co Md
8. Full Name of Father John P. Baughen
9. Father's Occupation Clerk
10. Father's Birthplace Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Dare M.D.

Address 91 Frederick Ave Balt City

Remarks

...rect Record ...

That any physician, accou..., midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14-967

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 2nd 3rd of November

4. Place of Birth (Street and Number) No 171 Park Avenue

5. Full Name of Mother Mary Ann Yeo

6. Mother's Maiden Name " " Ellis

7. Mother's Birthplace Baltimore

8. Full Name of Father John Yeo

9. Father's Occupation Hunter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114968

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 3
4. Place of Birth (Street and Number)	178 S Caroline St
5. Full Name of Mother	Katharina Bob
6. Mother's Maiden Name	" Janu
7. Mother's Birthplace	Böhmen
8. Full Name of Father	Wenzel Bob
9. Father's Occupation	Labor
10. Father's Birthplace	Böhmen
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

14969

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Jan. 3rd 1876

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace [illegible]

8. Full Name of Father [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114970

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
3
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* the 3 of November 1876
4. *Place of Birth (Street and Number)* No 29 Fullam
5. *Full Name of Mother* Alles Whether
6. *Mother's Maiden Name* Alles Washington
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Daniel Whelton
9. *Father's Occupation* Cook
10. *Father's Birthplace* Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return. Rosa Williams

Address No 70 Hunt Street

Remarks Mother and Child doing Well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114971

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	November 3d 1876
4. Place of Birth (Street and Number)	No 284 S Ann str
5. Full Name of Mother	Voronika Pietch
6. Mother's Maiden Name	Somer
7. Mother's Birthplace	Germany
8. Full Name of Father	Johannes Pietch
9. Father's Occupation	Stevedore
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 4th 1876.
4. Place of Birth (Street and Number)	Penna. Avenue extended
5. Full Name of Mother	Catherine Fowner
6. Mother's Maiden Name	Brosius
7. Mother's Birthplace	Balto. City
8. Full Name of Father	James Fowner
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14973

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wit
3. Date of Birth	4 of November
4. Place of Birth (Street and Number)	West St No 66
5. Full Name of Mother	Angnus Kraft
6. Mother's Maiden Name	Angnus Hanankatter
7. Mother's Birthplace	Zungingar in pormeney
8. Full Name of Father	Adam Kraft
9. Father's Occupation	Labor Work.
10. Father's Birthplace	Bayern
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 125
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who [illegible] or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1149.711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 4th 76
4. Place of Birth (Street and Number)	218 Cooksey Street Locust Point
5. Full Name of Mother	Margaret A Lyons
6. Mother's Maiden Name	Margaret Stanley
7. Mother's Birthplace	New Jersey
8. Full Name of Father	Denis A Lyons
9. Father's Occupation	Soldier
10. Father's Birthplace	Indiana
Name of Medical Attendant, or other Person who makes this Return.	Margaret Ertel
Address	13 Cuba Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...istics in the City of Baltimore.

14975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November d. 4 1876
4. *Place of Birth (Street and Number)* 132 Orlien Str.
5. *Full Name of Mother* Emma Flugel
6. *Mother's Maiden Name* E. Ascherich
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Wilhelm Flugel
9. *Father's Occupation* Schumaker
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Bond Str.

Remarks

...rect Record of Vital Statistics in the ...

That any physician, accoucheur, midwife, or other person in charge, who sha... advise at the birth of any child, within the City of Baltimore, shall report to the ...strar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth,

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored (Mulatto)
3. Date of Birth Nov. 4. 1896
4. Place of Birth (Street and Number) No. 60 Raborg Street
5. Full Name of Mother Martha A. Clark
6. Mother's Maiden Name Martha O'Neal
7. Mother's Birthplace Essex Co. Virginia
8. Full Name of Father Wilton Thomas Clark
9. Father's Occupation Porter,
10. Father's Birthplace Essex Co. Virginia.

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address 23 N. Liberty St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3 ed Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 4th 1876
4. Place of Birth (Street and Number)	No 24 Abbeys all.
5. Full Name of Mother	Sarah Hoffman
6. Mother's Maiden Name	Lengle.
7. Mother's Birthplace	America
8. Full Name of Father	Fredrich Hoffman
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14978

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Color
3. Date of Birth 11th Chesnetally a naweler 4
4. Place of Birth (Street and Number) 11th Chesnetally
5. Full Name of Mother Lorraw poston
6. Mother's Maiden Name Lorraw slie
7. Mother's Birthplace Josepe poston Baltimore
8. Full Name of Father Josepe poston
9. Father's Occupation Cuper
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Jonny Dutton

Address no 16 littel pine st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Nov. 4. 16

4. *Place of Birth (Street and Number)* 171 Preston st.

5. *Full Name of Mother* Mary L Brown

6. *Mother's Maiden Name* " " Baily

7. *Mother's Birthplace* md

8. *Full Name of Father* Alex. W. Brown

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tallyhill

Address 129 N Biddle. Balto

Remarks

14980

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male,

2. Race or Color (if not of the white race)

3. Date of Birth Nov. 4th 1876

4. Place of Birth (Street and Number) 134 S. Collington Ave.

5. Full Name of Mother Margaretta P. Grant

6. Mother's Maiden Name " " Dashiells

7. Mother's Birthplace Balt. Md.

8. Full Name of Father Joseph W. Grant

9. Father's Occupation Ship Carpenter

10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. Glanville, Rush M.D.

Address Balt & Wash. Sts.

Remarks Tedious, delivered with forceps

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 14987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 15th 1876

4. Place of Birth (Street and Number) 14 - Jackson Str -

5. Full Name of Mother Mary. W. Warden

6. Mother's Maiden Name " " Stocksdale

7. Mother's Birthplace Baltimore. Md.

8. Full Name of Father Geo. W. Warden.

9. Father's Occupation Merchant -

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address 86. S. Fayette. Str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11-982

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	2nd
1. Sex (*state whether Male or Female*)	M
2. Race or Color (*if not of the white race*)	W.
3. Date of Birth	Nov. 4. 76
4. Place of Birth (*Street and Number*)	152 Chew St
5. Full Name of Mother	Caroline Holmes
6. Mother's Maiden Name	~~Hall~~ Johnson
7. Mother's Birthplace	Balt
8. Full Name of Father	John Holmes
9. Father's Occupation	Huckster
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	A. J. Reynolds M.D.
Address	186 Aisquith St
Remarks	

RETURN OF A BIRTH.

11983

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	November 4th 1876
4. Place of Birth (Street and Number)	No 59 Castle st
5. Full Name of Mother	Mary Berg
6. Mother's Maiden Name	" Winkler
7. Mother's Birthplace	City
8. Full Name of Father	Phillip Berg
9. Father's Occupation	Carpenter
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	No 120 Bank st
Remarks	

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored.
3. Date of Birth the 5th november
4. Place of Birth (Street and Number) Baltimore Ct. 72 Church St.
5. Full Name of Mother Rachel fitchett.
6. Mother's Maiden Name Rachel ferguson.
7. Mother's Birthplace easternshore md.
8. Full Name of Father Janel fitchett.
9. Father's Occupation hardcarer.
10. Father's Birthplace easternshore. V. L.

Name of Medical Attendant, or other Person who makes this Return. milly gross

Address Mrs milly Gross 1081 york st bt howard st Lesheyr

Remarks ——

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14985

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth November 5th 1876
4. Place of Birth (Street and Number) 323 Franklin St.
5. Full Name of Mother Josephine Victory Gallion
6. Mother's Maiden Name Josephine Victory Hall
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Greenberry Gallion
9. Father's Occupation Plumber & Gas Fitter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winnebergen

Address No. 23 N. Liberty St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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11986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	6th of Nov 1876
4. Place of Birth (Street and Number)	No 84 South Durham St
5. Full Name of Mother	Phebe Wilson
6. Mother's Maiden Name	Phebe Wilson
7. Mother's Birthplace	Chesterton Md
8. Full Name of Father	Wesley Jenkins
9. Father's Occupation	Labor
10. Father's Birthplace	Talbot Co
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Seaton
Address	
Remarks	

RETURN OF A BIRTH.

11987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* of the Colored race
3. *Date of Birth* November the 5. 18. 76
4. *Place of Birth (Street and Number)* Durham St 221 Baltimore 63
5. *Full Name of Mother* Lydia Benson
6. *Mother's Maiden Name* Lydia Fisher
7. *Mother's Birthplace* fredrick - Md
8. *Full Name of Father* Jorge Benson
9. *Father's Occupation* Draman
10. *Father's Birthplace* Fredrick Md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Wolford

Address Fregesster St 130 Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth 5th November 1876.
4. Place of Birth (Street and Number) 21 Woesche Street,
5. Full Name of Mother Sophia Jane De Hoff,
6. Mother's Maiden Name " " Crambtell,
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Henry De Hoff.
9. Father's Occupation Merchant.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd M.D.

Address 139 N. Arlington Avenue, Baltimore

Remarks Natural labor, Mother & child progressing well. Nov 10th 1876.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 5
4. Place of Birth (Street and Number)	759 McHenry St
5. Full Name of Mother	Christina E Hammel
6. Mother's Maiden Name	Christina Bohrer
7. Mother's Birthplace	Washington D C
8. Full Name of Father	Frank Hammel
9. Father's Occupation	Tree Butcher
10. Father's Birthplace	New York City
Name of Medical Attendant, or other Person who makes this Return.	Sarah Brookens
Address	331 Haggerthis St.
Remarks	

RETURN OF A BIRTH.

114990

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	November 5th 1876.
4. Place of Birth (Street and Number)	45. N. Howard St.
5. Full Name of Mother	Anna Crean.
6. Mother's Maiden Name	" Lely.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Thos. A. Crean.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.
Address	158. L. Sharp St.
Remarks	Child living. Dr. Pennington delivered Mrs. C. I taken charge of the case the same day. Supposing he would not report the case, therefore, make this return, Tall.

Extract Regulations of the Board of Health, to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	24 Nov 1876
4. Place of Birth (Street and Number)	31 Front St
5. Full Name of Mother	Mary Keller
6. Mother's Maiden Name	Devine
7. Mother's Birthplace	U States of America
8. Full Name of Father	Patrick Keller
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Barber
Address	526 Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

14992

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	5th Nov. 1896
4. Place of Birth (Street and Number)	9 Bond St.
5. Full Name of Mother	Mary Welch
6. Mother's Maiden Name	Wiener
7. Mother's Birthplace	United States of America
8. Full Name of Father	Robert H. Welch
9. Father's Occupation	Cigar manufacturer
10. Father's Birthplace	United States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	526 E. Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Given name added 1-24-49

14993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Margaret Poehler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Femal
2. Race or Color (if not of the white race) White
3. Date of Birth November 5th 1876
4. Place of Birth (Street and Number) No 13 Anthony st
5. Full Name of Mother Angelica Poehler
6. Mother's Maiden Name Angelica Schmele
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Poehler
9. Father's Occupation Sigarmaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lena H. August

Address No 1 82 E Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114994

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	white
3. Date of Birth	5th of November
4. Place of Birth (Street and Number)	No 611 West Lombard St.
5. Full Name of Mother	Susanna Rohmer
6. Mother's Maiden Name	Streib
7. Mother's Birthplace	Baden
8. Full Name of Father	John C. Rohmer
9. Father's Occupation	shoemaker
10. Father's Birthplace	Saxon.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Domler. 60 Shorter
Address	
Remarks	

14995

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifeeth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 5th 1876 Baltimore Md.

4. Place of Birth (Street and Number) No 74 Orleans & Central avenue

5. Full Name of Mother Maria Stone

6. Mother's Maiden Name Maria Antistan

7. Mother's Birthplace London, England

8. Full Name of Father Thomas Stone

9. Father's Occupation Marble Worker

10. Father's Birthplace London England

Name of Medical Attendant, or other Person who makes this Return. Mr. M. A. Bull

Address No 181 N. Central Avenue 3 doors South Monument St.

Remarks Farble Well

rect Record of Vital Statistics in the City of Baltimore.

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14996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	January 5. 1896
4. *Place of Birth* (Street and Number)	337 E. Baltimore St.
5. *Full Name of Mother*	Catherine Hanna,
6. *Mother's Maiden Name*	Catherine Chase,
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Alexander B. Hanna
9. *Father's Occupation*	Engineer,
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. H. Hoeck M.D.
Address	95 E. Baltimore St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 5th 1876
4. Place of Birth (Street and Number)	108 George St.
5. Full Name of Mother	Mary Virginia Price
6. Mother's Maiden Name	Zimmerman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James H. Price
9. Father's Occupation	Clerk Int. Revenue Dep't
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias L. Price M.D.
Address	262 Madison Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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14998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First /
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 5th 1876
4. Place of Birth (Street and Number)	302 N Eutaw St
5. Full Name of Mother	Annie Elizabeth Schott
6. Mother's Maiden Name	Schunn
7. Mother's Birthplace	Phila.a
8. Full Name of Father	Geo N Schott
9. Father's Occupation	Storekeeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M.D.
Address	262 Madison str
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 11999

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 5th 1876.

4. Place of Birth (Stree and Number) No 869 Fayette St

5. Full Name of Mother Martha Dohme

6. Mother's Maiden Name Martha Vickers

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Dr Gustavus C. Dohme

9. Father's Occupation Physician.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. G. C. Dohme M.D.

Address 869 Fayette St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 6th 1876
4. Place of Birth (Street and Number) No. 454 W. Lombard St
5. Full Name of Mother Annie Bell
6. Mother's Maiden Name " Bilson
7. Mother's Birthplace Balti Md
8. Full Name of Father John. H Bell
9. Father's Occupation Superintendent -
10. Father's Birthplace Balti Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Shear Md

Address 379 W. Lombard St

Remarks

Contract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13001

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W
3. Date of Birth	Apr 6 1876
4. Place of Birth (Street and Number)	394 E Balto St
5. Full Name of Mother	Mary Constantine
6. Mother's Maiden Name	Mary Butler
7. Mother's Birthplace	Cumberland Md
8. Full Name of Father	H.K. Constantine
9. Father's Occupation	Baltimore
10. Father's Birthplace	Clerk
Name of Medical Attendant, or other Person who makes this Return.	P McSherry M.D.
Address	189 N Howard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 6 — 3.20 P.M. Girl
4. *Place of Birth (Street and Number)* 49 N. Bond
5. *Full Name of Mother* Manuella Sylvia Schultheis
6. *Mother's Maiden Name* Manuella S. Howard
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Henry A. Schultheis
9. *Father's Occupation* Saffron Keeper
10. *Father's Birthplace* ~~Balto~~ Balto City

Name of Medical Attendant, or other Person who makes this Return. James E. Donville M.D.

Address 299 E Baltimore Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15003

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	November 6th 1876
4. Place of Birth (Street and Number)	85 Moore's Alley
5. Full Name of Mother	Elizebeth Spicer
6. Mother's Maiden Name	Elizbeth Jones.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jerry M. Spicer
9. Father's Occupation	Cook
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Winneberger
Address	23 N. Liberty St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15004

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novbr. 6th/76.
4. Place of Birth (Street and Number)	Canton ave 385 No
5. Full Name of Mother	Mary Kerner
6. Mother's Maiden Name	" Benner
7. Mother's Birthplace	Balto
8. Full Name of Father	John Kerner
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	Midwife
Remarks	320 Allice Anna st -

15005

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 6 November
4. *Place of Birth (Street and Number)* ~~86~~ 86 Hennergatten Strit
5. *Full Name of Mother* Karolina Bomann
6. *Mother's Maiden Name* Karolina Klif
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Heinrich Bomann
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhall Strit

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novbr 6th/76
4. Place of Birth (Street and Number)	Elliott No. 406
5. Full Name of Mother	Babett Benhoff
6. Mother's Maiden Name	" Dorn
7. Mother's Birthplace	Batto
8. Full Name of Father	Adam Benhoff
9. Father's Occupation	Laborer
10. Father's Birthplace	Batto Bd.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Alice Anna st.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15007

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Nov. 6. 1876
4. *Place of Birth* (Street and Number) S. W Cr. Front and Hillen Sts
5. *Full Name of Mother* Mary Kernan
6. *Mother's Maiden Name* Buckley
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Philip Kernan
9. *Father's Occupation* Brakesman B. & P. R.R.
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr W. P. Morgan

Address 175 Saratoga St.

Remarks The mother was seized with convulsions at the last of labor, the child was delivered with forceps and lived - the mother died in about four hours never becoming conscious from the time she was first taken with spasms

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Children Twins

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) White race
3. *Date of Birth* November 6th 1876
4. *Place of Birth* (Street and Number) Baltimore & Ho 271
5. *Full Name of Mother* Catherine Elisabeth Wannsman
6. *Mother's Maiden Name* " " Plitt
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Adolph E. C Wannsman
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Uelly

Address 48 Holland St Balto City

Remarks one of the children died 5 hours after birth.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15009

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh (7th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 6th 1876
4. Place of Birth (Street and Number)	# 430 Alice Anna St
5. Full Name of Mother	Sarah Jane Webb
6. Mother's Maiden Name	Sarah Jane Harris
7. Mother's Birthplace	~~Thomas~~ ~~Henry~~ ~~Webb~~ Baltimore City
8. Full Name of Father	Thomas Henry Webb
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 435 Alice Anna St
Remarks	

RETURN OF A BIRTH.

15010

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 6th 187[illegible]
4. Place of Birth (Street and Number)	York Street 1977 Baltimore MD
5. Full Name of Mother	Bridget Bannan
6. Mother's Maiden Name	" Firek
7. Mother's Birthplace	County Galway Ireland
8. Full Name of Father	Laurence Bannan
9. Father's Occupation	Machinist
10. Father's Birthplace	County Carven Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarbrough
Address	No 236 Montgomery Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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13017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Anglo Saxon Race
3. Date of Birth	Nov. 6th
4. Place of Birth (Street and Number)	Baltimore No. 110 Columbia Ave
5. Full Name of Mother	Etimonia Snydes
6. Mother's Maiden Name	Brandon
7. Mother's Birthplace	Liberty — Bedford Co. Va.
8. Full Name of Father	George Snydes
9. Father's Occupation	News Dealer
10. Father's Birthplace	Monkton, Lewis Co. N.Y.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Perry
Address	No. 62 York St Baltimore md
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15012

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seven
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 Sep
4. Place of Birth (Street and Number)	185 Hudson st bants
5. Full Name of Mother	Ann Feeny
6. Mother's Maiden Name	~~Ann Leigh~~ Ann Leigh
7. Mother's Birthplace	Ireland
8. Full Name of Father	Francis Feeny
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullivan
Address	104 Hurley st bants
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15013

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 November
4. Place of Birth (Street and Number)	208 Chestnut St
5. Full Name of Mother	Cathrine Smith
6. Mother's Maiden Name	Mulan
7. Mother's Birthplace	Ireland
8. Full Name of Father	George Smith
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Schirmer
Address	No 19 Forest Place
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

150111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 6 1876
4. *Place of Birth (Street and Number)* 96 colingtonavenue
5. *Full Name of Mother* Emma chilson
6. *Mother's Maiden Name* Emma gerbrick
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Charles chilson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address colington avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 6th
4. Place of Birth (Street and Number)	304 S. Bond St.
5. Full Name of Mother	Josephine Burk
6. Mother's Maiden Name	" Grim
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Burk
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	~~Novemb 6~~ white
3. Date of Birth	~~267 Wolf St~~ Novemb 6
4. Place of Birth (Street and Number)	267 Wolf St
5. Full Name of Mother	Catharina Kattenborn
6. Mother's Maiden Name	" Stinberger
7. Mother's Birthplace	Bayern
8. Full Name of Father	Fred Kattenborn
9. Father's Occupation	Labor
10. Father's Birthplace	Bremen
Name of Medical Attendant, or other Person who makes this Return.	Virginia Hardage
Address	No 289 S Bond St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health of the City of Baltimore to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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11

15017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 6th 1876
4. *Place of Birth (Street and Number)* No 107 Madison St
5. *Full Name of Mother* Mary Sollmer
6. *Mother's Maiden Name* Mary Englouph
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fred Sollmer
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena H August

Address No 182 E Monument St

Remarks

15018

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 51

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 6th
4. Place of Birth (Street and Number) No. 161 Lower St Baltimore
5. Full Name of Mother Mrs Ellen Hodges
6. Mother's Maiden Name Ellen Lundon
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Michael Hodges
9. Father's Occupation Laborman
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Katherina Seebach

Address 439 West Pratt Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 6. 1876
4. Place of Birth (Street and Number)	26 Leadenhall St
5. Full Name of Mother	Louisa Eitel nee Smith
6. Mother's Maiden Name	Louisa Smith
7. Mother's Birthplace	Germany
8. Full Name of Father	George Eitel
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Young
Address	32 Leadenhall St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	zweite
1. Sex (state whether Male or Female)	Mädchen
2. Race or Color (if not of the white race)	"
3. Date of Birth	6. November 1876.
4. Place of Birth (Street and Number)	Süd. Bondstraße 192
5. Full Name of Mother	Anna Bärmann
6. Mother's Maiden Name	Drews
7. Mother's Birthplace	Hammelwörthen bei Staaden.
8. Full Name of Father	Johann Bärmann
9. Father's Occupation	Steuermann
10. Father's Birthplace	Hammelwörthen b. Staaden.
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs. Louise Kraft.
Remarks	

15021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 7th 1876

4. Place of Birth (Street and Number) 206 Lee St

5. Full Name of Mother Sarah A Danes

6. Mother's Maiden Name Hess

7. Mother's Birthplace Delaware

8. Full Name of Father Wm H Danes

9. Father's Occupation Laborer

10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15029

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 7th Nov. 1876
4. *Place of Birth (Street and Number)* 18 Edward Street
5. *Full Name of Mother* Martha Coates
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John King
9. *Father's Occupation* Bartender
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Carlotte Wilson

Address 32 Forrest Street

Remarks

15023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novbr 7th /76
4. Place of Birth (Street and Number)	Lancaster st No. 51
5. Full Name of Mother	Mary Woller
6. Mother's Maiden Name	" Lier
7. Mother's Birthplace	Germ
8. Full Name of Father	Michel Woller
9. Father's Occupation	Wagner
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anna st

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a uniform correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

130211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 7th 76.
4. Place of Birth (Street and Number)	Canton ave No 406
5. Full Name of Mother	Catherine Steiger
6. Mother's Maiden Name	" Heinz.
7. Mother's Birthplace	Balto
8. Full Name of Father	John Steiger
9. Father's Occupation	Laborer
10. Father's Birthplace	Hanover Germ.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schmitt
Address	Midwife
Remarks	320 Allicanna st

15025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twins - First Second
1. Sex (state whether Male or Female)	Both female children
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 7th 1876
4. Place of Birth (Street and Number)	130 Argyle Avenue
5. Full Name of Mother	Elizabeth ~~Holmes~~ Arnold
6. Mother's Maiden Name	Elizabeth Holmes
7. Mother's Birthplace	Balto City
8. Full Name of Father	John Arnold
9. Father's Occupation	Surgical instrument maker
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d.

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 7. November 1876.
4. Place of Birth (Street and Number) Baltimore Elliott St. 68.
5. Full Name of Mother Katharina Hotz.
6. Mother's Maiden Name Tochreis.
7. Mother's Birthplace Baiern.
8. Full Name of Father Carl Hotz.
9. Father's Occupation City = Carrtreiber
10. Father's Birthplace Kurhessen.

Name of Medical Attendant, or other Person who makes this Return. Anna Simmen.

Address Elliott St. 61.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13027

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 7th 1876

4. Place of Birth (Street and Number) N 158 McCulloh St

5. Full Name of Mother Imogene Berry Payne

6. Mother's Maiden Name Imogene Berry

7. Mother's Birthplace Baltimore

8. Full Name of Father George H. Payne

9. Father's Occupation Salesman

10. Father's Birthplace Warrington Virginia

Name of Medical Attendant, or other Person who makes this Return. F L Chatard M D

Address N 114 Park Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15028

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 8th Child

1. Sex (state whether Male or Female) ~~Ma~~ female

2. Race or Color (if not of the white race) White

3. Date of Birth November the 4th 18[illegible]6

4. Place of Birth (Street and Number) No 249 ann Street

5. Full Name of Mother Margret hess Smith

6. Mother's Maiden Name Margret hess

7. Mother's Birthplace Baltimore

8. Full Name of Father John Smith

9. Father's Occupation Engineer

10. Father's Birthplace Prusia Germania

Name of Medical Attendant, or other Person who makes this Return. Mary Simms

Address No 178 South Chappel Street

Remarks

Extract Regulations of the Board of Health of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 7th 1876

4. Place of Birth (Street and Number) No 95 Ann Street

5. Full Name of Mother Eliza Shube

6. Mother's Maiden Name Eliza Wolf

7. Mother's Birthplace Baden Germany

8. Full Name of Father M. Shube

9. Father's Occupation Shuemaker

10. Father's Birthplace Prusia Germany

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address No 181 N Central Avenue Baltimore Md.

Remarks All Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth November the 7
4. Place of Birth (Street and Number) No 28 South Eutaw St
5. Full Name of Mother Margrett J. W. Knight
6. Mother's Maiden Name Roche
7. Mother's Birthplace Baltimore
8. Full Name of Father Lewis Knight
9. Father's Occupation Cigar maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Alis Dumlet 60 Morton St

Address

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15031

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* may 7
4. *Place of Birth (Street and Number)* no 23 Short st
5. *Full Name of Mother* Susan Jane Johnson
6. *Mother's Maiden Name* Susan Jane Collins
7. *Mother's Birthplace* Talbert county Md
8. *Full Name of Father* Perry Johnson
9. *Father's Occupation* labor
10. *Father's Birthplace* Somerset co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address no 32 Short st

Remarks Collins child

rect Record of Vital Statistics in the City of Baltimore.

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15032

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, ~~3d,~~ &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 7

4. Place of Birth (Street and Number) 166 Scott St

5. Full Name of Mother Maggie Waxter

6. Mother's Maiden Name " Moszner

7. Mother's Birthplace Balto Md

8. Full Name of Father Wm Waxter

9. Father's Occupation Laborer

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. H L Spencer

Address 379 W. Lombard St

Remarks

Extract Regulations of the Board of Health to Secure Registration of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 7 1876.
4. Place of Birth (Street and Number)	Ch. Wine street
5. Full Name of Mother	Ch. Schriever
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56. Pearl Street
Remarks	The mother of this child is not married

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

150311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Nov 7th 1876.
4. Place of Birth (Street and Number)	147 E Madison St.
5. Full Name of Mother	Frances H Bright.
6. Mother's Maiden Name	" " Stone.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Edw J Thomas Bright.
9. Father's Occupation	Plasterer.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M.D.
Address	1½ S Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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N

15035

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord
3. Date of Birth nowmber tch 8 1876
4. Place of Birth (Street and Number) plumaey no 87
5. Full Name of Mother annie Wright
6. Mother's Maiden Name Annie Wright
7. Mother's Birthplace Kent island m 8
8. Full Name of Father isrel fornand
9. Father's Occupation Solor
10. Father's Birthplace Kent island m 8

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address 82

Remarks plumaley

15036

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored.
3. Date of Birth	november 8th
4. Place of Birth (Street and Number)	no 63 hamburg st
5. Full Name of Mother	sureaner cocks
6. Mother's Maiden Name	sureaner downs
7. Mother's Birthplace	talbert county
8. Full Name of Father	alen cocks
9. Father's Occupation	labour
10. Father's Birthplace	eastern shors
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia Porter
Address	no 4 petapscoaven
Remarks	helthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 8
4. Place of Birth (Street and Number)	21 Mc Elderry St
5. Full Name of Mother	Rachel Hemmel Taylor
6. Mother's Maiden Name	
7. Mother's Birthplace	Harford County Md
8. Full Name of Father	Moses Hemmel
9. Father's Occupation	Umbrella Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula V. Chrisman
Address	No 19 Garrett Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* ([redacted] Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 8th 1876
4. *Place of Birth* (Street and Number) 156 division St
5. *Full Name of Mother* Mary Sindall
6. *Mother's Maiden Name* " Pimper
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Sindall
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas Fawcett

Address 93 Mosher St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15039

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	8 November
4. Place of Birth (Street and Number)	289 Front St.
5. Full Name of Mother	Mary A Eckert
6. Mother's Maiden Name	Holwell
7. Mother's Birthplace	Massachusetts
8. Full Name of Father	Edward Eckert
9. Father's Occupation	Stone Polisher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Nussula T Chrismer
Address	No 19 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15040

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Nov. 9th 1876.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 8th 1876.
4. *Place of Birth (Street and Number)* 110 Thames St.
5. *Full Name of Mother* Laise Musch
6. *Mother's Maiden Name* Laise Willy.
7. *Mother's Birthplace* America.
8. *Full Name of Father* John Musch.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No. 137 Wolfe St.

Remarks —

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 7h 45m P.M. 8th November, 1876.
4. Place of Birth (Street and Number) 144 Townsend St or Lafayette av
5. Full Name of Mother Emma Killar Reed
6. Mother's Maiden Name Emma Killar Mayes
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Jefferson Reed
9. Father's Occupation Bread Baker
10. Father's Birthplace Philadelphia Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Wm J. Wroth M.D.

Address 83 Franklin St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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15042

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	7th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 8th 1876
4. Place of Birth (Street and Number)	No 15 Truns court
5. Full Name of Mother	Sarah Abortel
6. Mother's Maiden Name	Lans
7. Mother's Birthplace	America
8. Full Name of Father	Fredrick Abortel
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schneider midwife
Address	203 Cross st
Remarks	

Extract Regulations of the Board of Health relative to Returns of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15043

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 8th March 76

4. *Place of Birth* (Street and Number) 136 S. Paca St Baltimore

5. *Full Name of Mother* Maria Charlotte Klein

6. *Mother's Maiden Name* Maria Charlotte Kessel

7. *Mother's Birthplace* Minden (Prussia) Germany

8. *Full Name of Father* Jacob Klein

9. *Father's Occupation* Tinner and Store dealer

10. *Father's Birthplace* Marburg Germany

Name of Medical Attendant, or other Person who makes this Return. D. A. Hellmuth M. D.

Address 120 Pearl St. Baltimore

Remarks

150411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 8th 1876
4. Place of Birth (Street and Number)	116 Hughes St.
5. Full Name of Mother	Mary Jane Moore
6. Mother's Maiden Name	Mary Jane Smith
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Kirgan Hunn Moore
9. Father's Occupation	Agent
10. Father's Birthplace	Northampton Co. Va
Name of Medical Attendant, or other Person who makes this Return.	J. A. Gillis
Address	23 N. Green St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15045

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 8th 1876
4. Place of Birth (Street and Number)	Nor 410 E Fayette Balto
5. Full Name of Mother	Amelia Francis Barnes
6. Mother's Maiden Name	" " Peduzzi
7. Mother's Birthplace	Balto City
8. Full Name of Father	J Henry Barnes
9. Father's Occupation	Conductor Bal Oh. R.R
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	J Kidgway Andre M.D
Address	No. 121 E Balto St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st, 2d, 3d,~~ &c.*)	Fourth
1. Sex (*state whether Male ~~or Female~~*)	Male
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	Nov: 8th 1876
4. Place of Birth (*Street and Number*)	No: 221 Bolton Street
5. Full Name of Mother	Annie M. Down
6. Mother's Maiden Name	Annie M McElderry
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John N. Down
9. Father's Occupation	Surveyor
10. Father's Birthplace	Washington City
Name of Medical Attendant, or other Person who makes this Return.	W. F. Wilson M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 8th 1876
4. *Place of Birth (Street and Number)* N 118 E. Eager
5. *Full Name of Mother* Anna E Tenny
6. *Mother's Maiden Name* Anna E. Sunvalt
7. *Mother's Birthplace* District of Columbia
8. *Full Name of Father* William O Tenny
9. *Father's Occupation* Chemist
10. *Father's Birthplace* Co Sligo Ireland

Name of Medical Attendant, or other Person who makes this Return. F. E Chatard M.D

Address N 114 Park Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

150118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 8th 1870
4. Place of Birth (Street and Number)	No 438 E. Mott & Monument sts
5. Full Name of Mother	Eliza Jane Illingsworth
6. Mother's Maiden Name	Eliza Jane Adams
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm. George Illingsworth
9. Father's Occupation	Assistant Engineer on a Steam Ship
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	M. A. Bull
Address	No 181 N. Central Avenue near Monument Street
Remarks	Born Well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15049

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* November 8th 1876
4. *Place of Birth (Street and Number)* 253 Linden Ave
5. *Full Name of Mother* Mary Eliza Bosley
6. *Mother's Maiden Name* " " Cockey
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* William Henry Bosley
9. *Father's Occupation* Banker
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return P. B. Williams

Address 281 Madison Ave

Remarks

15050

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 8th 1876
4. Place of Birth (Street and Number)	No 117 Cor. Biddle & Washington
5. Full Name of Mother	Dora Bast
6. Mother's Maiden Name	Dora Pabst
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm Bast
9. Father's Occupation	Baker
10. Father's Birthplace	Richmond
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Bull
Address	No 181 N. Central Avenue 3 doors South Monument St
Remarks	All Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Corus 15051

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

Josephia Bachman

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st. Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 8th 8 45 P. M. Girl
4. Place of Birth (Street and Number) 264 S. Ann
5. Full Name of Mother Agness Georgeanna Bachman
6. Mother's Maiden Name Agnes E. Wright
7. Mother's Birthplace Balto. City
8. Full Name of Father John H. Bachman
9. Father's Occupation Cabnet Maker
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Dunville M.D.

Address 299 E. Baltimore St.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

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15052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Jewish
3. Date of Birth	November 8th 1876
4. Place of Birth (Street and Number)	Central avenue No. 128
5. Full Name of Mother	Nannie Fuld
6. Mother's Maiden Name	" Straus
7. Mother's Birthplace	Europe
8. Full Name of Father	Philip Fuld
9. Father's Occupation	Peddler
10. Father's Birthplace	Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Hellig
Address	48 Holland St. " City "
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

150153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	November 8th 1876
4. Place of Birth (Street and Number)	Bethel St 189
5. Full Name of Mother	Catherine Kastine
6. Mother's Maiden Name	" Kapselman
7. Mother's Birthplace	Hanover Europe
8. Full Name of Father	Hannan Kastine
9. Father's Occupation	Taylor
10. Father's Birthplace	Hannan Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	48 Holland St City
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15054

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 9th 1876
4. *Place of Birth (Street and Number)* Druid Hill Ave
5. *Full Name of Mother* Mary Reston
6. *Mother's Maiden Name* Unknown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Reston
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas G Wassmus

Address 135 N. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15055

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 9d. 1876
4. Place of Birth (Street and Number)	193 Ehler Stret
5. Full Name of Mother	Kate Rufl
6. Mother's Maiden Name	K. Birkenstok
7. Mother's Birthplace	Germane
8. Full Name of Father	Friedrich Rufl
9. Father's Occupation	Tikarmaker
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	M. R. Rudiger
Address	134 N. Bond Stret
Remarks	

15036

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child,
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	November 9th 1876.
4. Place of Birth (Street and Number)	# 359 N. Durham St.
5. Full Name of Mother	Alice M. Heath,
6. Mother's Maiden Name	Alice M. Sanker
7. Mother's Birthplace	Frederick Co Md,
8. Full Name of Father	Alfred Heath
9. Father's Occupation	Painter
10. Father's Birthplace	England,
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address	Office #25½ Greenmount Avenue, Residence corner of Forest Place & Chase St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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15057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (Fathers First !!!)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th of November 1876
4. Place of Birth (Street and Number)	No. 128 South Ann St.
5. Full Name of Mother	Cynthia Sundberg
6. Mother's Maiden Name	Clifton
7. Mother's Birthplace	St. Louis, Mo.
8. Full Name of Father	John C. Sundberg
9. Father's Occupation	Physician
10. Father's Birthplace	Sas, Romnerige, Norway, Europe
Name of Medical Attendant, or other Person who makes this Return.	John C. Sundberg M.D.
Address	128 South Ann St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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15058

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 9
4. Place of Birth (Street and Number)	138 Greenmount Ave
5. Full Name of Mother	Cathrine Burick
6. Mother's Maiden Name	Boyer
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Joshua W Burick
9. Father's Occupation	Hatter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 15 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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15059

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6d child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 9 of November 1876
4. Place of Birth (Street and Number) No 22 Brus St.
5. Full Name of Mother Barbara Mehm
6. Mother's Maiden Name ... Mayankranz
7. Mother's Birthplace Saxonmainzinger
8. Full Name of Father Andrew Mehm
9. Father's Occupation Gardner
10. Father's Birthplace Hesson

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address No 42 Monroe St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 9th 1876
4. Place of Birth (Street and Number)	391 Sharp st
5. Full Name of Mother	Barbara E Crane
6. Mother's Maiden Name	Barbara E Zimmerman
7. Mother's Birthplace	Atlantic Ocean
8. Full Name of Father	Wm R Crane
9. Father's Occupation	Glass Blender
10. Father's Birthplace	New Jersey
Name of Medical Attendant, or other Person who makes this Return.	Theodore Curtis M.D.
Address	146 Hanover st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	14
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 9 1876
4. Place of Birth (Street and Number)	495 North Gay st
5. Full Name of Mother	Amanda E Palmer
6. Mother's Maiden Name	Amanda E Mulligan
7. Mother's Birthplace	Trappe Talbot County
8. Full Name of Father	Henry G Palmer
9. Father's Occupation	Paperhanger
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Mariner
Address	323 East Monument st
Remarks	

15062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
NOV
14
1876.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6te Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 9th 1876
4. *Place of Birth (Street and Number)* Bellair Av. no Number
5. *Full Name of Mother* Clementine Rothenschild
6. *Mother's Maiden Name* Clementine Hohan
7. *Mother's Birthplace* Lidingsworth K. Preussen Germany
8. *Full Name of Father* Heinrich Rothenschild
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Altenbruch, K. Preussen Germany.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No, 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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15063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 9th November
4. Place of Birth (Street and Number) 20 Etting st Baltimore Md
5. Full Name of Mother Mary E Phister
6. Mother's Maiden Name Mary E Lesh
7. Mother's Birthplace Indiania
8. Full Name of Father John M Phister
9. Father's Occupation Police Officer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Mesenzehl

Address 220 Preston st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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150614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 first

1. *Sex* (~~state whether Male~~ or *Female*)
2. ~~*Race or Color* (if not of the~~ *white race*)
3. *Date of Birth* Ninth of November 1876
4. *Place of Birth* (Street and Number) 18 Aisquith Ave 62
5. *Full Name of Mother* Henrietta Adler
6. *Mother's Maiden Name* Henrietta ~~Rosenthall~~ Rosenblatt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Adler
9. *Father's Occupation* Dry goods Merchant
10. *Father's Birthplace* Hildesheim Germany

Name of Medical Attendant, or other Person who makes this Return. George W. Watson

Address 18 Aisquith St Baltimore

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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15063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1te Kind
1. *Sex* (state whether Male or Female)	Mädchen
2. *Race or Color* (if not of the white race)	Weiß
3. *Date of Birth*	9ten November
4. *Place of Birth* (Street and Number)	No 244 Lond Str
5. *Full Name of Mother*	Carleine Krümme
6. *Mother's Maiden Name*	Carleine Reiß
7. *Mother's Birthplace*	geborren in Düdn
8. *Full Name of Father*	John Krümme
9. *Father's Occupation*	Hülfs Arbeiter
10. *Father's Birthplace*	geborren Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	No 178 Corner of Dallas und Eästern Av
Remarks	Friderike Kaufmann Hebamme

15066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or their physical condition, whether still born or not, the full name, nativity, and residence of parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 9th 1876
4. Place of Birth (Street and Number)	Locust Point Shed 1 N Number
5. Full Name of Mother	Mary Clark
6. Mother's Maiden Name	Mary Majoka
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Augustus Clark
9. Father's Occupation	Stevedore
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Margaret Erdel
Address	No 13 Cubia st Locust Point
Remarks	Apparently in good Physical condition

15067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 9
4. *Place of Birth (Street and Number)* 288 S. Bond St
5. *Full Name of Mother* Kate Hofer
6. *Mother's Maiden Name* " Hubeck
7. *Mother's Birthplace* Oestreich
8. *Full Name of Father* Charles Hofer
9. *Father's Occupation* Labor
10. *Father's Birthplace* Schwitz

Name of Medical Attendant, or other Person who makes this Return. Regina Hadluye

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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15068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 9th 1876
4. Place of Birth (Street and Number)	105 Edombard St
5. Full Name of Mother	Annie Farquharson
6. Mother's Maiden Name	" Jones
7. Mother's Birthplace	NEW YORK.
8. Full Name of Father	Capt. Wm Farquharson
9. Father's Occupation	Captain of Bay Craft
10. Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	D. Webster Cathell Md
Address	1½ S Exeter St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 9 1876
4. *Place of Birth (Street and Number)* N. 8 Federal St. near Pulaski av
5. *Full Name of Mother* Emiele Schmidt
6. *Mother's Maiden Name* Emiele Geiner
7. *Mother's Birthplace* Germane
8. *Full Name of Father* G. Hubert Schmidt
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. M. R. Radiger

Address 134 N. Bond Str.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15070

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 9th

4. Place of Birth (Street and Number) Sterret St 5 doors from Ridgely

5. Full Name of Mother Mabel

6. Mother's Maiden Name Louise Rohrendorf

7. Mother's Birthplace Hessendarmstadt

8. Full Name of Father Frederick Rohrendorf

9. Father's Occupation Cabinet maker

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Hoon

Address 328 S Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15071

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 2nd
4. Place of Birth (Street and Number)	28 Lemmon st
5. Full Name of Mother	Mary Wassmann
6. Mother's Maiden Name	Liebe
7. Mother's Birthplace	Md
8. Full Name of Father	Daniel Wassmann
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Starr
Address	328 S Eutaw st.
Remarks	

15072

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 9th 1876
4. *Place of Birth (Street and Number)* No 327 Central Ave
5. *Full Name of Mother* Mary Schilling
6. *Mother's Maiden Name* Mary Hartung
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ferdinand Schilling
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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15073

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 9.
4. Place of Birth (Street and Number) No 448. W. Lombard St.
5. Full Name of Mother Sophia Wietscher.
6. Mother's Maiden Name Sophia Viereckt.
7. Mother's Birthplace Zueschen. Waldeck, Germany.
8. Full Name of Father Edward Wietscher.
9. Father's Occupation Folge Dool Grinder and Polisher.
10. Father's Birthplace Solingen Truchen Germany.

Name of Medical Attendant, or other Person who makes this Return. Kathrina Seebach

Address 439 W Pratt Street

Remarks 439 [illegible]

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

150711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* November the 4th 1876

4. *Place of Birth* (Street and Number) Lombard st No 404

5. *Full Name of Mother* Mary Finch

6. *Mother's Maiden Name* Mary Griffin

7. *Mother's Birthplace* Baltimore.

8. *Full Name of Father* Alford Finch

9 *Father's Occupation* Plasterer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann E Ball

Address No 171 Saint Chester st

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15075

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 9th " 1876
4. Place of Birth (Street and Number)	198 North Eden
5. Full Name of Mother	Mrs Catherine N Hoban
6. Mother's Maiden Name	Catherine N. Meehan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas A Hoban
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo B Reynolds
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15076

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) Colored

3. Date of Birth Nov 10th 1876

4. Place of Birth (Street and Number) 99 S. Exeter St

5. Full Name of Mother Florence Bender

6. Mother's Maiden Name Deer

7. Mother's Birthplace Frederick Co. Md

8. Full Name of Father Lewis Bender

9. Father's Occupation Brakeman B. & O. R.R.

10. Father's Birthplace Harpers Ferry Va.

Name of Medical Attendant, or other Person who makes this Return. H. L. Spencer

Address 379 W. Lombard St

Remarks

15078
15077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Kind
1. Sex (state whether Male or Female)	Knabe
2. Race or Color (if not of the white race)	Weiß
3. Date of Birth	geboren 9ten November
4. Place of Birth (Street and Number)	No 247. Jersey Str
5. Full Name of Mother	Wilhelmine Wellhöfer
6. Mother's Maiden Name	Wilhelmine Kirsch
7. Mother's Birthplace	Deutschland Preußen
8. Full Name of Father	August Wellhöfer
9. Father's Occupation	Zimmermeister
10. Father's Birthplace	Deutschland Preußen

Name of Medical Attendant, or other Person who makes this Return.

Address No 178 Lorner & Dallas und Eastern Av

Remarks Friederike Kaufmann

Hebamme.

rect Record of Vital Statistics in the City of Baltimore.

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15078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth (8th)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 10th November, 1876. at 3h 45m a. m.
4. *Place of Birth* (Street and Number) Mary Ann Division of - Clifton Village
5. *Full Name of Mother* Mary Elizabeth Carr
6. *Mother's Maiden Name* Mary Elizabeth Bell
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Washington Carr
9. *Father's Occupation* Car Conductor - C. P. R. R.
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Wm. I. Smith M.D

Address 83 Franklin St

Remarks

Statistics in the City of Baltimore.

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rect Record of Vital

15079

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 November
4. Place of Birth (Street and Number)	Valley St 57
5. Full Name of Mother	Sarah Cassidy
6. Mother's Maiden Name	Mc Cabe
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Cassidy
9. Father's Occupation	Plasterer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F Shannon
Address	c/o 19 Forrest Place
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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15080

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of ~~Health~~.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 16 of November
4. *Place of Birth (Street and Number)* No 3 Monroe St
5. *Full Name of Mother* Katy. Fahler
6. *Mother's Maiden Name* Pantsal.
7. *Mother's Birthplace* Hassan
8. *Full Name of Father* Henrey Fahler.
9. *Father's Occupation* Butcher
10. *Father's Birthplace* West fallen

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address No 45 Monroe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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15081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	November 10th 1876
4. Place of Birth (Street and Number)	No 17 Blumberg Street.
5. Full Name of Mother	Friedericka Froehlich.
6. Mother's Maiden Name	Friedericka Hamburger.
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	William Froehlich
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr Dorothea Bruns.
Address	114 Baltic St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15082

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 10th 1876
4. Place of Birth (Street and Number)	1b 344 Hanover st.
5. Full Name of Mother	Juliana Snider
6. Mother's Maiden Name	Lingy
7. Mother's Birthplace	America
8. Full Name of Father	William Schuber
9. Father's Occupation	Cooper
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	S. Drapiewska midwife
Address	213 East st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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15083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 of November
4. Place of Birth (Street and Number)	Lecourhall St No 62.
5. Full Name of Mother	Amandy Frank
6. Mother's Maiden Name	Amandy Morgan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Frank
9. Father's Occupation	Labor Works
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 12
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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15084

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wife
3. Date of Birth	10 of November
4. Place of Birth (Street and Number)	Johnson St. No. 28
5. Full Name of Mother	Elizabeth Wolf
6. Mother's Maiden Name	Elizabeth Sandmayer
7. Mother's Birthplace	Wolfensheim in Baiern
8. Full Name of Father	John Wolf
9. Father's Occupation	Glass Flatner
10. Father's Birthplace	Wolfensheim in Baiern
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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13085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 of November
4. Place of Birth (Street and Number)	William St ch 204
5. Full Name of Mother	Mary Ebbing
6. Mother's Maiden Name	Mary Snyder
7. Mother's Birthplace	Bavaria
8. Full Name of Father	John Ebbing
9. Father's Occupation	Tailor
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St ch 115
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15086

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 10. 76.
4. Place of Birth (Street and Number) 2d Warner
5. Full Name of Mother Frances Virginia Keller
6. Mother's Maiden Name Detrow
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Mayberry Keller
9. Father's Occupation Hack driver
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Lewis M. Eastman

Address 3 & 7 Lexington

Remarks

15087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 10th 1876
4. *Place of Birth (Street and Number)* 45 Stiles Street
5. *Full Name of Mother* Ann Kelly
6. *Mother's Maiden Name* Moran
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Micheal Kelly
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Flemming

Address 97 Albemarle Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 16th of November
4. Place of Birth (Street and Number) Falls Road no number
5. Full Name of Mother Ann Harris
6. Mother's Maiden Name " Simmons
7. Mother's Birthplace Baltimore
8. Full Name of Father William Harris
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Nov 10th 1876
4. *Place of Birth* (Street and Number) 202 S. Hanover St.
5. *Full Name of Mother* Emma Murphy
6. *Mother's Maiden Name* " Potts
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Stephen Murphy
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Asst. Supervisor

Address 379 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

15090

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* White Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th 4 Nov. 1876
4. *Place of Birth (Street and Number)* No. 20 N. Bond st.
5. *Full Name of Mother* Mary H. ~~Louis C. T.~~ Shafer
6. *Mother's Maiden Name* Mary H. Paulson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Louis C. T. Shafer
9. *Father's Occupation* Taner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address 125 No. Carolina

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	file Chalaen
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Wile
3. Date of Birth	November 10
4. Place of Birth (Street and Number)	Deen Cooke
5. Full Name of Mother	Chatsen Bahle
6. Mother's Maiden Name	Chatsen Diel
7. Mother's Birthplace	Garemen
8. Full Name of Father	Charls Bahle
9. Father's Occupation	Star keen
10. Father's Birthplace	Garemen
Name of Medical Attendant, or other Person who makes this Return.	Margt Esael
Address	Cabat No 13
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. November 18th 1876.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 10th 1876.
4. *Place of Birth (Street and Number)* 172 Durham St.
5. *Full Name of Mother* Lizzie Wolf
6. *Mother's Maiden Name* Lizzie Bechtzol.
7. *Mother's Birthplace* America.
8. *Full Name of Father* John Wolf.
9. *Father's Occupation* Sattler
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No. 137 Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15093

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 10th 1876.
4. Place of Birth (Street and Number)	35 Brown. St.
5. Full Name of Mother	Rachel Gump.
6. Mother's Maiden Name	" Rosenberg.
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Moses B. Gump.
9. Father's Occupation	Merchant.
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.
Address	158. P. Chas St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

150911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Four (5)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th Nov 1896
4. Place of Birth (Street and Number)	349 E Monument St
5. Full Name of Mother	Margaret A Lamb
6. Mother's Maiden Name	Margaret A Shepler
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Robert Lamb
9. Father's Occupation	Butter Dealer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Manne
Address	323 E Monument St Balto Md
Remarks	

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November the 10th 1876
4. Place of Birth (Street and Number)	334 Sharp Street
5. Full Name of Mother	Elizabeth Burk
6. Mother's Maiden Name	" " " Willershausser
7. Mother's Birthplace	Germany
8. Full Name of Father	Martin Burk
9. Father's Occupation	Hardware Store
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Edwina C. Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November the 30th 1876
4. Place of Birth (Street and Number)	180 Hamburg St
5. Full Name of Mother	Elizabeth Zapf
6. Mother's Maiden Name	" " " Bressel
7. Mother's Birthplace	Germany
8. Full Name of Father	George Zapf
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15097

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH
NOV 16 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 10 1876 at 2 ½
4. *Place of Birth (Street and Number)* 7 Salisbury alley
5. *Full Name of Mother* Mary E Dorsey
6. *Mother's Maiden Name* Mary E Janell
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George W Janell
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Betsey Ann Dorsey

Address

Remarks

15098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 November
4. *Place of Birth (Street and Number)* 15 Cemetery Lane
5. *Full Name of Mother* Marie Peny
6. *Mother's Maiden Name* Melichar
7. *Mother's Birthplace* Velka Bohemia
8. *Full Name of Father* Wenzel Peny
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Prag Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad.

Address 20 Barnes St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15099

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~One~~ the Sixth.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth November 10th 1876

4. Place of Birth (Street and Number) 169 N. Eutaw St Baltimore Md

5. Full Name of Mother Margaret Jane Hunter

6. Mother's Maiden Name Margaret Jane Scott

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Andrew Hunter

9. Father's Occupation Plumber + Gas Fitter

10. Father's Birthplace Irvinestown Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr Wm. T. Howard

Address 181 Madison Avenue

Remarks Vertex presentation, 1st position, natural labor.

15100

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	November 10th 1876
4. Place of Birth (Street and Number)	No 62 Hames st.
5. Full Name of Mother	Elizabeth Beck
6. Mother's Maiden Name	" Methner
7. Mother's Birthplace	Germany.
8. Full Name of Father	Louis Beck
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. November 16 1876

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colloe Darke
3. *Date of Birth* November 10 1876
4. *Place of Birth (Street and Number)* No 5 Salsbury court
5. *Full Name of Mother* Elisey Jane Bowley
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Alice A Chapleau Midwife

Address No 51 North Dallas st opposit union

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 11. 1876
4. *Place of Birth (Street and Number)* E. Lombard St. No
5. *Full Name of Mother* Lizzie Sauer
6. *Mother's Maiden Name* Lizzie Fischer
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Caspar Sauer
9. *Father's Occupation* ~~Dealer~~ Broom Manufacturer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Harry E. Miller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Records of Vital Statistics in the City of Baltimore

15103

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 11th 1876.
4. *Place of Birth* (Street and Number) S. E. Cor. Jefferson St and Central Ave.
5. *Full Name of Mother* Mary Louisa Sauer.
6. *Mother's Maiden Name* Warnicke
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Francis J. Sauer.
9. *Father's Occupation* Physician
10. *Father's Birthplace* Balto city

Name of Medical Attendant, or other Person who makes this Return. Francis J. Sauer M.D.

Address S. E. Jefferson & Cent. Avenue.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

151044

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	11th Nov.
4. Place of Birth (Street and Number)	84 Dover St
5. Full Name of Mother	Ann. E. Caldwell
6. Mother's Maiden Name	Ann. E. Jackson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas G. Caldwell
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lucy Upshur
Address	134 E. Eutaw St
Remarks	Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	14 Nov. 1876.
4. Place of Birth (Street and Number)	81 Baltimore St.
5. Full Name of Mother	Barbara Fuhs
6. Mother's Maiden Name	Schaefer
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm. Fuhs
9. Father's Occupation	Restaurant keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carter
Address	53 E. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male ~~or~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth 11th November 1870

4. Place of Birth (Street and Number) 331 E. Fort St

5. Full Name of Mother Antoinette Beatrice Baggaro

6. Mother's Maiden Name Antoinette D. Nicolai

7. Mother's Birthplace Baltimore City Md

8. Full Name of Father George Elliott Baggaro

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dorsett M.D.

Address 207 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15107

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 11. 1876
4. *Place of Birth (Street and Number)* Frankenstr 28
5. *Full Name of Mother* Louise Rifner
6. *Mother's Maiden Name* Louise Spikert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Rifner
9. *Father's Occupation* Osterschaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Raupach

Address S. Wolfstr 28

Remarks Midwife

15108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Novemb. 11. 1876
4. Place of Birth (Street and Number) S. Schappel str No 118
5. Full Name of Mother Kunigunde Getz
6. Mother's Maiden Name Felbinger
7. Mother's Birthplace Stralendorf Bayern
8. Full Name of Father Bankrath Getz
9. Father's Occupation Wurftarbeiter
10. Father's Birthplace Stralendorf Bayern

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Raupach

Address S. Wolfstr 28

Remarks Midwife

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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15109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 th 2 met

1. Sex (state whether Male or Female) Female | hea the

2. Race or Color (if not of the white race) white

3. Date of Birth born on the 11 th of Nov. 1876

4. Place of Birth (Street and Number) No 56 Smallwood St.

5. Full Name of Mother Maggie Emhoff

6. Mother's Maiden Name M. Hillar

7. Mother's Birthplace born in the City of Balto.

8. Full Name of Father John Emhoff

9. Father's Occupation B. Finisher

10. Father's Birthplace born in Bav. Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address

Remarks

rect Record of Vital

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 11th 1876.
4. Place of Birth (Street and Number)	24 Henrietta St.
5. Full Name of Mother	William Ella Woods.
6. Mother's Maiden Name	" " Maith.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Chas. Woods.
9. Father's Occupation	Conductor.
10. Father's Birthplace	Balto City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	158 Sharp St.
Remarks	Child living.

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 11th
4. Place of Birth (Street and Number) No. 12 Amity cor Raborg
5. Full Name of Mother Eva Rosenberg
6. Mother's Maiden Name Eva Wolf
7. Mother's Birthplace Germany
8. Full Name of Father Saml. Rosenberg
9. Father's Occupation Grocery Merchant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Dumber

Address 66 Schorler St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1.5112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	Seventeen 11. 1876
4. *Place of Birth* (Street and Number)	44 Granby St.
5. *Full Name of Mother*	Lucretia Keyser
6. *Mother's Maiden Name*	Lucretia Raddish.
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Georg H. Keyser.
9. *Father's Occupation*	Printer
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hoeck M.D.
Address	95 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Feet Record of Vital Statistics

15113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 11–1876
4. Place of Birth (Street and Number)	92 N Appleton
5. Full Name of Mother	Sarah Blank Glass
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	Henry Blank
9. Father's Occupation	Clerk
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Saml. T. Knight M.D.
Address	112 N. Grove
Remarks	

Feet Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

151114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White race
3. Date of Birth November 11th 776
4. Place of Birth (Street and Number) Holland St No. 27
5. Full Name of Mother Delia Hogan
6. Mother's Maiden Name " " Ehart
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Mathew Hogan
9. Father's Occupation Blacksmith
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ullig

Address 48 Holland St City.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Jewish race.
3. Date of Birth	November 11th 1876
4. Place of Birth (Street and Number)	Madison St # 362
5. Full Name of Mother	Annie Bunn
6. Mother's Maiden Name	" Spandauer
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William E. Bunn
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Udky
Address	48 Holland St City
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether ~~Male~~ or Female) —

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 11th 76

4. Place of Birth (Street and Number) 427 Hamburg St

5. Full Name of Mother Jane E Huester

6. Mother's Maiden Name Lemmon

7. Mother's Birthplace B City

8. Full Name of Father Gotleib J Huester

9. Father's Occupation R Road hand

10. Father's Birthplace B city

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11

15117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 11th 76

4. Place of Birth (Street and Number) 267 S Paca St

5. Full Name of Mother M. E. Boyde

6. Mother's Maiden Name Keiholtz

7. Mother's Birthplace Balto City

8. Full Name of Father Frederick E. Boyde

9. Father's Occupation Bricklayer

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J. H. Cuney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
12
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) born 11 nov 1876

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 11th nov
4. *Place of Birth (Street and Number)* 46 East
5. *Full Name of Mother* Fannie Phillips
6. *Mother's Maiden Name* Fannie Madden
7. *Mother's Birthplace* Va
8. *Full Name of Father* Willian Franklin Phillips
9. *Father's Occupation* Stond
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. Charlot Wilson

Address No 32 forest st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 12th 1876
4. Place of Birth (Street and Number)	No. 414 E. Madison St.
5. Full Name of Mother	Mary E. Woollen
6. Mother's Maiden Name	Mary E. Horney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James R. Woollen.
9. Father's Occupation	Cooper.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	224 Carrollton Ave.
Remarks	Child Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT NOV 14 1876 BALTIMORE

15120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 14 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November the 12. 1876.
4. *Place of Birth (Street and Number)* Jefferson St. no Number
5. *Full Name of Mother* Emilie Plaenker
6. *Mother's Maiden Name* Emilie Jokel
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich Plaenker
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Siegholz Fürstenth. Lippe Detmold. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

15121

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. November 13th 1871

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 12th 1871
4. *Place of Birth (Street and Number)* No 109 S. Chapel St
5. *Full Name of Mother* Regina Darnstadt
6. *Mother's Maiden Name* Regina Rottkemay
7. *Mother's Birthplace* Germania
8. *Full Name of Father* Joseph Darnstadt
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold

Address No 137 S. Wolfe St.

Remarks —

15122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 12th 1876
4. *Place of Birth (Street and Number)* Nov 23 S Ann St Balto. city
5. *Full Name of Mother* Elizabeth Gray
6. *Mother's Maiden Name* " Sapp
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Walter L Gray
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J. Kilgway Andre, M. D.

Address No. 121 E Balto st.

Remarks

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 12th 1876,
4. Place of Birth (Street and Number)	138 E. Fayette st.
5. Full Name of Mother	Mary E. Lee,
6. Mother's Maiden Name	" " Higdon.
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	Chas. Lee
9. Father's Occupation	Engineer,
10. Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. Granville Kent M. D.
Address	Balt. & Wash. sts.
Remarks	Natural

RETURN OF A BIRTH.

1512 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Honora Roddy

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 29th 1876

4. Place of Birth (Street and Number) 146 Hanover Street

5. Full Name of Mother Bridget Roddy

6. Mother's Maiden Name " Tiernan

7. Mother's Birthplace Ireland

8. Full Name of Father Thos Roddy

9 Father's Occupation Carpenter

10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. Charles Lounder

Address 59 Lexington St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 12th 1876
4. *Place of Birth (Street and Number)* Corner of Huntington & Maryland Ave.
5. *Full Name of Mother* Julia E. Ware
6. *Mother's Maiden Name* Julia E. Davis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert J. Ware Jr.
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. H. Valzer for Gouled

Address 165 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 12th 1876

4. Place of Birth (Street and Number) No 139 N. Calvert St

5. Full Name of Mother Mary C. Lippitt

6. Mother's Maiden Name Mary Colston

7. Mother's Birthplace Lexington Virginia

8. Full Name of Father Augustus D Lippitt

9. Father's Occupation Merchant

10. Father's Birthplace Wilmington N. Carolina

Name of Medical Attendant, or other Person who makes this Return. F L Chatard M.D

Address No 114 Park Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 4th 1876,
4. Place of Birth (Street and Number)	168 Chesapeake St.
5. Full Name of Mother	Nettie F. Conway,
6. Mother's Maiden Name	" " Jones,
7. Mother's Birthplace	Dinwiddie Co. Va.
8. Full Name of Father	Edw. J. Conway,
9. Father's Occupation	Clerk,
10. Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville Rusk, M.D.
Address	Balt. & Wash. Ch.
Remarks	Natural,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th November 1876
4. *Place of Birth (Street and Number)* 271 E. Baltimore St.
5. *Full Name of Mother* Barbara Weaver
6. *Mother's Maiden Name* Barbara Richter
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Henry Weaver
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace* Kurt Hessia

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks 25 S. Durham St.

25

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15129

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male ~~or Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 November
4. *Place of Birth (Street and ~~Number~~)* 118 Jefferson St
5. *Full Name of Mother* Mary Ann Freeman
6. *Mother's Maiden Name* " " " Harris
7. *Mother's Birthplace* Balto
8. *Full Name of Father* James E. Freeman
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J. J. Gross

Address 137 Orleans St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 t
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 12
4. Place of Birth (Street and Number)	76 Hill st
5. Full Name of Mother	Elizabeth Simmons
6. Mother's Maiden Name	Dent
7. Mother's Birthplace	Balti
8. Full Name of Father	Wm Simmons
9. Father's Occupation	Sailor
10. Father's Birthplace	New York City
Name of Medical Attendant, or other Person who makes this Return.	Mary Thom
Address	220 S Eutaw st
Remarks	

15131

RETURN OF A BIRTH.

1111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November the 12th 1876
4. Place of Birth (Street and Number)	229 Holland Street
5. Full Name of Mother	Louise "
6. Mother's Maiden Name	" " Ziegler
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Carl
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Katherina Seebach
Address	439 W. Pratt Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15132
15139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10, 4 ii d.
1. Sex (state whether Male or Female)	Male and Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov the 12th 1876
4. Place of Birth (Street and Number)	No 2 Leadenhall St
5. Full Name of Mother	Louise Tischhöffer
6. Mother's Maiden Name	" " " Ortmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Tischhöffer
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherina Münch
Address	74 Leadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

151341

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male child
2. *Race or Color (if not of the white race)* Color rare
3. *Date of Birth* novem Ber 12
4. *Place of Birth (Street and Number)* Mill mul St 88
5. *Full Name of Mother* lot ty tom mas
6. *Mother's Maiden Name* lot ty Read
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* car ry Read
9. *Father's Occupation* Mill mul st
10. *Father's Birthplace* north fer giner

Name of Medical Attendant, or other Person who makes this Return. an ey Ruff mid wife

Address Mill mul st 88

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 12. 1876
4. Place of Birth (Street and Number)	No. 669 Penn Ave
5. Full Name of Mother	Mary C. Hopkins
6. Mother's Maiden Name	" " Hiorse
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John R Hopkins
9. Father's Occupation	Car Conductor
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	
Address	Elizabeth Schmitt
Remarks	No. 476 Penn Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 16 1896 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4th

1. *Sex (state whether Male or Female)* Male white
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 12th of Nov. 1896
4. *Place of Birth (Street and Number)* No 14 Forest St.
5. *Full Name of Mother* Mrs. Kaupth
6. *Mother's Maiden Name* Mc. Mann
7. *Mother's Birthplace* born Sachsen Germany
8. *Full Name of Father* Conrath Kaupth
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Sachen Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Millard

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex* (state whether Male or Female) Männlich.
2. *Race or Color* (if not of the white race) non W.
3. *Date of Birth* d. 14 November 1876.
4. *Place of Birth* (Street and Number) Baltimore. Potomac st. 92.
5. *Full Name of Mother* Marie Müller.
6. *Mother's Maiden Name* Arners.
7. *Mother's Birthplace* England.
8. *Full Name of Father* Alexander Müller.
9. *Father's Occupation* Tagelöhner.
10. *Father's Birthplace* England.

Name of Medical Attendant, or other Person who makes this Return Anna Rimmen

Address Elliott st. 61.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 12 1876
4. Place of Birth (Street and Number)	33 Luzerne St
5. Full Name of Mother	Sarah Moreland
6. Mother's Maiden Name	Sarah Preston
7. Mother's Birthplace	Dorchester county
8. Full Name of Father	Joseph moreland
9. Father's Occupation	laborer
10. Father's Birthplace	baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Rachel a garrett
Address	436 alice anna St
Remarks	

RETURN OF A BIRTH.

15139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 12th 1876
4. Place of Birth (Street and Number)	20 W. Lexington St
5. Full Name of Mother	Elizabeth May
6. Mother's Maiden Name	Elizabeth Powell
7. Mother's Birthplace	New York
8. Full Name of Father	Peter Henry May
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter M.D.
Address	111 Government Court
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 12th of November 1876

4. Place of Birth (Street and Number) 605 West Pratt St.

5. Full Name of Mother Elizabeth Holtgraver

6. Mother's Maiden Name Elizabeth Winckle

7. Mother's Birthplace Germany

8. Full Name of Father Wellhelem Holtgraver

9. Father's Occupation Labor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs S. Dumler 60 Schorten

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 14 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 November 1876
4. Place of Birth (Street and Number)	711 Saratoga
5. Full Name of Mother	Elizabeth Freeman
6. Mother's Maiden Name	" Leib
7. Mother's Birthplace	Balt. city
8. Full Name of Father	Charles W. Freeman
9. Father's Occupation	Laborer.
10. Father's Birthplace	Balt. city
Name of Medical Attendant, or other Person who makes this Return.	Mahlon Brown MD
Address	201 W. Biddle St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. November 13th 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 13th 1876
4. *Place of Birth (Street and Number)* 208 Gough St.
5. *Full Name of Mother* Minnie Schneeberger.
6. *Mother's Maiden Name* Minnie Wirthheimer
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Louis Schneeberger.
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arand

Address No 137 Wolfe St.

Remarks —

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 13th 1876.
4. Place of Birth (Street and Number)	C Pratt & Collington Avenue
5. Full Name of Mother	Jane Selina Jackson
6. Mother's Maiden Name	" " Deamond
7. Mother's Birthplace	Maryland
8. Full Name of Father	Joseph H Jackson
9. Father's Occupation	Grocer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	James Ridgway André M.D.
Address	No 121 E Balto St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13144

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child,

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* the 13 th November 1876,
4. *Place of Birth (Street and Number)* No 94. Lemon st
5. *Full Name of Mother* Mary Muss.
6. *Mother's Maiden Name* Mary Eigeldinger,
7. *Mother's Birthplace* in Germany,
8. *Full Name of Father* Conrad Eigeldinger,
9. *Father's Occupation* a laboring man,
10. *Father's Birthplace* in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st,

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Feet Record of Vital Statistics in the City of Baltimore.

15145

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the fairst child.

1. Sex (state whether Male or Female) femail
2. Race or Color (if not of the white race) light Brown skin
3. Date of Birth November 13
4. Place of Birth (Street and Number) No 76 holand Near eden
5. Full Name of Mother Pratt
6. Mother's Maiden Name Rate
7. Mother's Birthplace Norland
8. Full Name of Father —
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address Alex A Chapman 51 South st Dalas

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) 2 femail
2. Race or Color (if not of the white race) White
3. Date of Birth November the 13 1876
4. Place of Birth (Street and Number) Baltimore hanover st No 651
5. Full Name of Mother Catharine Reid
6. Mother's Maiden Name Catharine Weibert
7. Mother's Birthplace Germany
8. Full Name of Father Fredrick W Reid
9. Father's Occupation Painter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Susan Freburgard

Address No 293 Ramsey st Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15147

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 13
4. *Place of Birth (Street and Number)* 60 Filport St
5. *Full Name of Mother* Wilhelmine Grunewald
6. *Mother's Maiden Name* " Jung
7. *Mother's Birthplace* Pommern
8. *Full Name of Father* Harmann Grunewald
9. *Father's Occupation* Labor
10. *Father's Birthplace* Pommern

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

151148

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether ~~Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 M. 13th November, 1876.
4. Place of Birth (Street and Number)	122 N. Eden St Balto City
5. Full Name of Mother	Margaret Jane Williamson
6. Mother's Maiden Name	Margaret Jane Williamson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James O'Law Williamson
9 Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Wm I. Shook M.D.
Address	83 Franklin St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November the 13th 1876
4. Place of Birth (Street and Number)	347 Hamburg Street
5. Full Name of Mother	Elize Louis
6. Mother's Maiden Name	" " Franke
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fredrick Louis
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münzel
Address	74 Leadenhall Street,
Remarks	

15150

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Robert Lee Welsh

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth Nov 13th 76.
4. Place of Birth (Street and Number) 50 N Poppleton Rd, Poppleton St
5. Full Name of Mother Ida M. Welsh.
6. Mother's Maiden Name Ida M. Loane,
7. Mother's Birthplace Balto City Md.
8. Full Name of Father Randolph G. Welsh,
9. Father's Occupation Farmer,
10. Father's Birthplace Anna Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. John J. R. Frozer M D

Address City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15151

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth November 13th 1876.
4. Place of Birth (Street and Number) Mangold Street No 22.
5. Full Name of Mother Josephina Schmidt.
6. Mother's Maiden Name Josephina Huberr.
7. Mother's Birthplace Baltimore M.d.
8. Full Name of Father Ely. Schmidt.
9. Father's Occupation Labor.
10. Father's Birthplace Baltimore M.d

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune.

Address 114 Battery Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15452

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth the 13 of Nover 1876

4. Place of Birth (Street and Number) No [illegible] Society alley

5. Full Name of Mother Rosa Williams

6. Mother's Maiden Name —

7. Mother's Birthplace Baltimore County

8. Full Name of Father —

9. Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Rosa Williams

Address No 70 Chesnut Street

Remarks Mother and Child doing Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15153

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 November
4. *Place of Birth (Street and Number)* 295 Durham Stret
5. *Full Name of Mother* Merie Wozniak
6. *Mother's Maiden Name* Lelenicewska
7. *Mother's Birthplace* Janowiec Germanja
8. *Full Name of Father* Lelenicewski
9. *Father's Occupation*
10. *Father's Birthplace* Graudentz

Name of Medical Attendant, or other Person who makes this Return. Mary Güttner

Address Wolf Street 245.

Remarks

RETURN OF A BIRTH.

151354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 13th 1876
4. Place of Birth (Street and Number)	48 Edmondson ave
5. Full Name of Mother	Virginia Esther Hudgins
6. Mother's Maiden Name	" " Fleet
7. Mother's Birthplace	Virginia
8. Full Name of Father	Alexander Marchant Hudgins
9. Father's Occupation	Sea Captain (Merchant vessel)
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. E. Gibbons M. D.
Address	47 Edmondson ave
Remarks	

15155

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 13th 1876
4. *Place of Birth (Street and Number)* N° 8 N Carey St
5. *Full Name of Mother* Mary E. Clabaugh
6. *Mother's Maiden Name* Mary E. Wilson
7. *Mother's Birthplace* Frederick Maryland
8. *Full Name of Father* Usher Clabaugh
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Cumberland Maryland

Name of Medical Attendant, or other Person who makes this Return. F. S. Chatard M.D

Address N° 114 Park Ave

Remarks

Fees Records of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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15156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex* (state whether Male or Female) W T Male
2. *Race or Color* (if not of the white race) White, American
3. *Date of Birth* November 13th 1876
4. *Place of Birth* (Street and Number) 104 McCulloch St
5. *Full Name of Mother* Sarah Frances Clabaugh
6. *Mother's Maiden Name* Sarah Frances Wilson
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Albert T. Clabaugh
9. *Father's Occupation* Banker
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Jos. Lloyd Austin M.D.

Address 38 Mount Vernon Place

Remarks

15157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male ~~or Female~~)	M
2. Race or Color (~~if not of the~~ white race)	W
3. Date of Birth	Nov 14th 1870
4. Place of Birth (Street and Number)	No Aisquith Street
5. Full Name of Mother	Agnes D Gill
6. Mother's Maiden Name	" " Gill
7. Mother's Birthplace	M'd
8. Full Name of Father	N. Rufus Gill
9. Father's Occupation	Atty at Law
10. Father's Birthplace	M'd
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgway Andre M D
Address	Aisq E Balto Md
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13158

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14th of Nov 1876.
4. *Place of Birth (Street and Number)* 143 Jefferson St.
5. *Full Name of Mother* Marquit Harris
6. *Mother's Maiden Name* Marquit Baker
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Harris
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 123 N. Caroline St.

Remarks Bat. Mat.

rect Record of Vital Statistics in the City of Baltimore.

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15159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. November 18th 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 14th 1876.
4. *Place of Birth (Street and Number)* 1st Bank St.
5. *Full Name of Mother* Gusta Tynner
6. *Mother's Maiden Name* Gusta Fink
7. *Mother's Birthplace* America
8. *Full Name of Father* Benjamin Tanner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend

Address No 137 Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15160

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 14th 1886
4. *Place of Birth (Street and Number)* 173 N Bethel St
5. *Full Name of Mother* Kathriene Schreiber
6. *Mother's Maiden Name* C. Hinkel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* A. Herman Schreiber
9. *Father's Occupation* Schumaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie L. Rudiger

Address 134 N. Bondstreet

Remarks

RETURN OF A BIRTH.

15161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 14th 1876
4. Place of Birth (Street and Number)	Cor Monument & Bethel
5. Full Name of Mother	Christina Thoma
6. Mother's Maiden Name	Christina Lang
7. Mother's Birthplace	Bremen Germany
8. Full Name of Father	Herman Thoma
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Bremen Germany
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winkler
Address	178 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

15162

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1876 BOARD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 14th 1876
4. Place of Birth (Street and Number)	59 N. Broadway
5. Full Name of Mother	Mary Emma Schwarz
6. Mother's Maiden Name	" " Sheeler
7. Mother's Birthplace	~~D~~ Philadelphia Pa.
8. Full Name of Father	William Schwarz Jr.
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	E. L. Byrns M. D.
Address	406 E. Balto. St.
Remarks	

15163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 14
4. Place of Birth (Street and Number)	172 Bethel St
5. Full Name of Mother	Maggie M Müller
6. Mother's Maiden Name	Schreiner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William M Müller
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Hedlaye
Address	No 289 S. Bond St.
Remarks	

Fect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

151611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Novemb 14
4. *Place of Birth (Street and Number)* 326 S. Bond St
5. *Full Name of Mother* Amalia Drager
6. *Mother's Maiden Name* " Drewia
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William P. Drager
9. *Father's Occupation* Painter
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Regina Hardage

Address No. 289 S. Bond St

Remarks

Red Record of Vital Statistics in the City of Baltimore.

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15165

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 14th 1876
4. Place of Birth (Street and Number)	259 N. Broadway
5. Full Name of Mother	Mary Greer
6. Mother's Maiden Name	" Waddell
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	James Greer
9. Father's Occupation	Huckster
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	D. W. Cathell M.D.
Address	1½ S Exeter St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 Nov
4. Place of Birth (Street and Number)	58 St. Peter St
5. Full Name of Mother	Mary Long
6. Mother's Maiden Name	Long
7. Mother's Birthplace	Hessendarmstadt
8. Full Name of Father	Charles Long
9. Father's Occupation	Cart driver
10. Father's Birthplace	Hessendarmstadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Hoen
Address	328 S Eutaw St
Remarks	

RETURN OF A BIRTH.

13167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth November 14th 1876

4. Place of Birth (Street and Number) 246 N. Eden St

5. Full Name of Mother Laura Bright

6. Mother's Maiden Name Laura Coleman

7. Mother's Birthplace Alexandria Va

8. Full Name of Father Wm J. Bright

9. Father's Occupation Hostler

10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

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15168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 te

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth November 12. 1876

4. Place of Birth (Street and Number) Martins Alley 101

5. Full Name of Mother Mary Dimon

6. Mother's Maiden Name Brandeis

7. Mother's Birthplace Dumbach Baden

8. Full Name of Father Ludwig Dimon

9. Father's Occupation Peter

10. Father's Birthplace Menchenhein Hanofer

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Raupach

Address S. Wolf str 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15169

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	14th Nov 1876
4. Place of Birth (Street and Number)	146 Spring Street
5. Full Name of Mother	Eliz Johnson
6. Mother's Maiden Name	Eliz Winslow
7. Mother's Birthplace	Northumberland County Va
8. Full Name of Father	Johnson
9. Father's Occupation	Steamboat
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Rosa Williams
Address	No 70 Chestnut Street
Remarks	Mother and Child doing well

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15170

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 14 1876

4. Place of Birth (Street and Number) Keys Alley No 36

5. Full Name of Mother Elizabeth Ware

6. Mother's Maiden Name Elizabeth Harris

7. Mother's Birthplace Baltimore

8. Full Name of Father. William Ware

9. Father's Occupation Hucster

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Anderson

Address No 92 Hamburg street

Remarks Mother and child doing well

RETURN OF A BIRTH.

15171

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	November 14. 1876
4. Place of Birth (Street and Number)	321 E. Eager St.
5. Full Name of Mother	Ella Green ~~Galloway~~ Wicks,
6. Mother's Maiden Name	Ella Green Galloway;
7. Mother's Birthplace	Maine.
8. Full Name of Father	William A. Wicks
9. Father's Occupation	Manufacturer of Canned Goods.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	D. W. Houck M.D.
Address	75 E. Baltimore St.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 13172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	14th November 76
4. Place of Birth (Street and Number)	958 N Pratt.
5. Full Name of Mother	Mrs Mary Hammel
6. Mother's Maiden Name	Mrs Mary Döll
7. Mother's Birthplace	Germany
8. Full Name of Father	Mr John Hammel
9. Father's Occupation	Sewing Machine Agent.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Döll
Address	Bandels Street
Remarks	the child is in full Health
	Catherine Döll

15173

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	Boie
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 November
4. Place of Birth (Street and Number)	24 Warren St
5. Full Name of Mother	Rozarie Lane
6. Mother's Maiden Name	" " Panuska
7. Mother's Birthplace	Paris Bohemia
8. Full Name of Father	Frane Lane
9. Father's Occupation	Laborer
10. Father's Birthplace	Bivare, Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Adams St
Remarks	

Act Records of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

151711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth November 14th 1876

4. Place of Birth (Street and Number) No 349 Orleans st

5. Full Name of Mother Barbara Heines

6. Mother's Maiden Name " Bissels

7. Mother's Birthplace Germany

8. Full Name of Father Philip Heines

9. Father's Occupation Segar Maker

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Buchmann

Address 120 Bank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13175

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th November
4. Place of Birth (Street and Number)	77 Hanford Ave.
5. Full Name of Mother	Mary Ann Kelley
6. Mother's Maiden Name	" Mary
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Kelley
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Jno Brooke Boyle M.D
Address	166 E. Eager St
Remarks	

16176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth November the 15, 1876

4. Place of Birth (Street and Number) Market Space. No. 22.

5. Full Name of Mother Jenny Davis

6. Mother's Maiden Name Jenny Joachimsthal

7. Mother's Birthplace Berlin. K. Preussen. Germany

8. Full Name of Father Alexander Davis

9. Father's Occupation Laborer

10. Father's Birthplace Dorpatsen. Thair Russia Europa

Name of Medical Attendant, or other Person who makes this Return. Kurz E. Keller

Address N. Dallas St. No 26,

Remarks

Post Record of Vital Statistics in the City of Baltimore.

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15177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15 November
4. *Place of Birth (Street and Number)* 146 Saratoga st Baltimore Md
5. *Full Name of Mother* Kunuguda Senger
6. *Mother's Maiden Name* Kunuguda Gumpman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Senger
9. *Father's Occupation* Laborar
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosenzehl

Address 220 Reston st Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (~~state whether Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth 15th " Nov.

4. Place of Birth (Street and Number) No 286 Penna Av

5. Full Name of Mother Ellen Amanda Gilbert

6. Mother's Maiden Name " " March.

7. Mother's Birthplace Baltimore Cit

8. Full Name of Father Coleman Smithson Gilbert

9. Father's Occupation House painter

10. Father's Birthplace Harford Co Md.

Name of Medical Attendant, or other Person who makes this Return. Charles A Geiger. M. D.,

Address No. 267 Druid Hill Ave.

Remarks

15179

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Novemb 15. 1876
4. *Place of Birth (Street and Number)* S. Registerstr 29
5. *Full Name of Mother* Margarethe Marys
6. *Mother's Maiden Name* Margarethe Sauer
7. *Mother's Birthplace* Bettelsdorf Baern
8. *Full Name of Father* Andrea Marys
9. *Father's Occupation* Wortfwerkt
10. *Father's Birthplace* Strallendorf Baern

Name of Medical Attendant, or other Person who makes this Return. Ms. Johanna Raupach

Address S. Wolfstr No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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15180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	November 15
4. Place of Birth (Street and Number)	222 Eastern Ave
5. Full Name of Mother	Henrietta Krüsmann
6. Mother's Maiden Name	" Mayer
7. Mother's Birthplace	Hannover
8. Full Name of Father	Frederick Krüsmann
9. Father's Occupation	Seaman
10. Father's Birthplace	Hannover
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	Sixth
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 15th 1876
4. Place of Birth (Street and Number)	Fayette Street, 5th house west of Strieker, South Side
5. Full Name of Mother	Mary J. Fowler
6. Mother's Maiden Name	Mary J Layman
7. Mother's Birthplace	Anne Arundel Co. Md.
8. Full Name of Father	Wm R. Fowler
9. Father's Occupation	Inventor
10. Father's Birthplace	Calvert Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. W. P. C. Wilson Jr
Address	146 Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15182

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) with
3. Date of Birth 15 November 1876
4. Place of Birth (Street and Number) Baltimore Orleans Str No 202
5. Full Name of Mother Elisab. Friedericke Abel
6. Mother's Maiden Name Elisabetha Fredericke Olschinsky
7. Mother's Birthplace Baltimore
8. Full Name of Father Louis Abel
9. Father's Occupation Workingmann
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Johanne Scherer Mitwife

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

151183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	November 15th 1876.
4. Place of Birth (Street and Number)	96 George st.
5. Full Name of Mother	Emma V. Baugher.
6. Mother's Maiden Name	Emma V Dew.
7. Mother's Birthplace	Richmond Va.
8. Full Name of Father	James P. Baugher.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	John L. Pennington, M.D.
Address	98 N Greene st
Remarks	

15184

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1th

1. Sex (state whether Male or Female) Boj
2. Race or Color (if not of the white race) White
3. Date of Birth 15 November
4. Place of Birth (Street and Number) 152 Bettet Street
5. Full Name of Mother Teresja Zamert
6. Mother's Maiden Name Jzabel
7. Mother's Birthplace Gąsawa Germanja
8. Full Name of Father Franz Jzabel
9. Father's Occupation
10. Father's Birthplace Żerńik

Name of Medical Attendant, or other Person who makes this Return. Merie Güttner

Address Wolf Stret 245.

Remarks

Hooker Jim

Extract Regulations of the Board of Health to Secure Accurate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15185

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth — Nov 15/76.
4. Place of Birth (Street and Number) — 93 Battery Ave.
5. Full Name of Mother — Eliza A. Hipsley.
6. Mother's Maiden Name — Eliza A. Walters.
7. Mother's Birthplace — Balto City
8. Full Name of Father — James W. Hipsley
9. Father's Occupation — Brakesman.
10. Father's Birthplace — Howard Co. Md

Name of Medical Attendant, or other Person who makes this Return. — John J. R. Wozed l.d.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* nov 15
4. *Place of Birth (Street and Number)* no 2 clark's cart
5. *Full Name of Mother* frances dickerson
6. *Mother's Maiden Name* not married
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* —
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address no 32 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) f
2. Race or Color (if not of the white race) W
3. Date of Birth Nov 15 1876
4. Place of Birth (Street and Number) Chs. St. Av.
5. Full Name of Mother Mary Frame
6. Mother's Maiden Name Mary Bennett
7. Mother's Birthplace Md
8. Full Name of Father Harry Frame
9. Father's Occupation Minister of Gospel (Methodist Episcopal)
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Richard McSherry Md

Address 187 N Howard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 15th 1876
4. Place of Birth (Street and Number)	180 George St.
5. Full Name of Mother	Eliza A. Kemp
6. Mother's Maiden Name	" " Keller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederick W. Kempp
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. Jacobs M.D.
Address	Grant & Mulberry Sts.
Remarks	Full term healthy child

Name of Child: Elizabeth Kempp

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE | CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 15th 1890
4. *Place of Birth (Street and Number)* 57 Little monument st
5. *Full Name of Mother* Becka Barrett
6. *Mother's Maiden Name* Becka Bowen
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* David Barrett
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Orsanton Country

Name of Medical Attendant, or other Person who makes this Return. Hester Bosley Doctress

Address 85 orchard st

Remarks

RETURN OF A BIRTH.

13190

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 15th

4. Place of Birth (Street and Number) No 26 Lombard St

5. Full Name of Mother Ann C. Hunter

6. Mother's Maiden Name " " " Eitel " " "

7. Mother's Birthplace Balto City

8. Full Name of Father Chas. F. Hunter

9. Father's Occupation Clerk

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch M.D.

Address 111 St Paul St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
25
1877
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	—
3. Date of Birth	November 15th 1876
4. Place of Birth (Street and Number)	178 W Lombard st
5. Full Name of Mother	Ettie Gourley
6. Mother's Maiden Name	" Covington
7. Mother's Birthplace	Virginia
8. Full Name of Father	Thos B. Gourley
9 Father's Occupation	mariner
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	J Harvey Lee M.D.
Address	119 Edmondson Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth November 15 1876
4. Place of Birth (Street and Number) Baltimore No 28 Walnut Alley
5. Full Name of Mother Ann Carroll
6. Mother's Maiden Name Howard
7. Mother's Birthplace Baltimore Md
8. Full Name of Father David Carroll
9. Father's Occupation Hod Carrier
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address No 83 Oxford St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15193.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)	One Child & ond one
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	Colored
Date of Birth	Wednesday Nov. 15th 4 Dist
Place of Birth (Street and Number)	Guest Building 78 st Paul st
Full Name of Mother	Rebecca Margret Suter
Mother's Maiden Name	Rebbecca Margret Snowden
Mother's Birthplace	Westminstel Carrol. Co Md
Full Name of Father	Ralph Suter
Father's Occupation	Janitor at Guest Building
Father's Birthplace	Saint Mary County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ellen Stutes
Address	42 Sharp Street Baltimore
Remarks	

151911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	16 of November
4. Place of Birth (Street and Number)	Durst Alley N. 66.
5. Full Name of Mother	Margret Kelley
6. Mother's Maiden Name	Margret Sherkin
7. Mother's Birthplace	County Sligo Ireland
8. Full Name of Father	Burnard Kelley
9. Father's Occupation	Labor Work.
10. Father's Birthplace	Ireland Mulland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Skarkin
Address	West St N 124
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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15193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 16 d, 1876
4. Place of Birth (Street and Number)	Jefferson Str. Second door, Chester Str.
5. Full Name of Mother	Barbara Lauterglaas
6. Mother's Maiden Name	Barbara Raming
7. Mother's Birthplace	Germany
8. Full Name of Father	Peter Lauterglaas
9. Father's Occupation	Putscher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Ruehger
Address	134 n Bond Stret.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 November
4. *Place of Birth (Street and Number)* 31 Abott Str.
5. *Full Name of Mother* Josephiene Prazak
6. *Mother's Maiden Name* " " Kuska
7. *Mother's Birthplace* Nehadiv Bohemia
8. *Full Name of Father* Josef Prazak
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Nehadiv Bohemia

Name of Medical Attendant, or other Person who makes this Return. G. Conrad

Address No 20 Barnes Str

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth " "
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 16th 1876
4. Place of Birth (Street and Number)	No 220 N. Chase Street
5. Full Name of Mother	Caroline Oppermann
6. Mother's Maiden Name	Caroline Meyer
7. Mother's Birthplace	Oldenburg Germany
8. Full Name of Father	Frances Oppermann
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Oldenburg Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Butt
Address	No 181 N. Central Avenue 3 doors South of Monument St.
Remarks	All Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 25 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	November 16th 1876
4. Place of Birth (Street and Number)	No 25 S. Caroline St
5. Full Name of Mother	Sophia Simmerson
6. Mother's Maiden Name	Sophia Green
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Samuel Simmerson
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Whitfield Wilson M.D.
Address	1152 Fayette St
Remarks	Birth at full term & Doctor Pres

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) African

3. Date of Birth November 16th 1876

4. Place of Birth (Street and Number) No. 19 Vine Street.

5. Full Name of Mother Isabella B. Cook

6. Mother's Maiden Name Isabella B. Johnson

7. Mother's Birthplace Baltimore City

8. Full Name of Father Benj. Cook

9. Father's Occupation Barber

10. Father's Birthplace Balto. City.

Name of Medical Attendant, or other Person who makes this Return. Thomas E. Sears, M. D.,

Address No 88 Preston Street.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15200

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child,
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 16th 1876,
4. Place of Birth (Street and Number)	3 Brooke St,
5. Full Name of Mother	Elizabeth Hoffman,
6. Mother's Maiden Name	" Schmidt,
7. Mother's Birthplace	Germany,
8. Full Name of Father	Henry Hoffman,
9. Father's Occupation	Shoemaker,
10. Father's Birthplace	Germany,
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall, M.D.
Address	158 Sharp St,
Remarks	Delivered with Forceps. Child living and doing well,

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the thirst

1. Sex (state whether Male or Female) Male healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 16 of Nov. 1876
4. Place of Birth (Street and Number) No. 217 Frederick Av.
5. Full Name of Mother Amma Brown
6. Mother's Maiden Name A. Jones
7. Mother's Birthplace City of Balto. Md.
8. Full Name of Father Henry Brown
9. Father's Occupation Butcher
10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No. 57 Smalwood St.

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 16
4. Place of Birth (Street and Number)	E. Lombert 260
5. Full Name of Mother	Maggie Uz
6. Mother's Maiden Name	" Lutz
7. Mother's Birthplace	Germania
8. Full Name of Father	George Uz
9. Father's Occupation	Wheelright
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Mary Bangert
Address	260 E. Lombert St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15203

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* noumbor 16 846
4. *Place of Birth (Street and Number)* 397 sharpstreet
5. *Full Name of Mother* Borby brain
6. *Mother's Maiden Name* floyda
7. *Mother's Birthplace* Millam brain
8. *Full Name of Father* in the glass hous
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. frainbis grainery

Address ledding hall st

Remarks no 15

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex (state whether Male or Female) Boys
2. Race or Color (if not of the white race) White
3. Date of Birth 16 November
4. Place of Birth (Street and Number) 9 Millimans Str
5. Full Name of Mother Franziska Bambach
6. Mother's Maiden Name " " Wajek
7. Mother's Birthplace Pistene Bohemia
8. Full Name of Father Andrej Bambach
9. Father's Occupation Tailor
10. Father's Birthplace Maren Austria.

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address No 20 Barnes Str

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 November
4. *Place of Birth (Street and Number)* 7 Webb St
5. *Full Name of Mother* Margaret Wright
6. *Mother's Maiden Name* Blake
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Wright
9. *Father's Occupation* Porter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Chrismer

Address No 18 Forrest Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 17th 1876.
4. *Place of Birth (Street and Number)* Bank St. No. 9.
5. *Full Name of Mother* Wilhelmine Veltenhoft.
6. *Mother's Maiden Name* Wilhelmine Zirath
7. *Mother's Birthplace* Hammerstein K. Preussen Germany
8. *Full Name of Father* Johann Veltenhoft.
9. *Father's Occupation* Wheel Right
10. *Father's Birthplace* Hirschheim K. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Karl E. Muller

Address N. Dallas A. No 26.

Remarks eight months.

Earliest Registration of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15207

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male child
2. *Race or Color* (if not of the white race) Race Colored
3. *Date of Birth* Novenber 17 1876
4. *Place of Birth* (Street and Number) No 139 Welcome alley
5. *Full Name of Mother* Salvia gaines
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Delaware
8. *Full Name of Father* John a Brown
9. *Father's Occupation* Doctor
10. *Father's Birthplace* Baltimore —

Name of Medical Attendant, or other Person who makes this Return. Mrs Perry

Address 196 york st

Remarks

15208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 11th Oct.

4. Place of Birth (Street and Number) 211 Hughes st

5. Full Name of Mother

6. Mother's Maiden Name Nancy Wilson

7. Mother's Birthplace Kent Island Md.

8. Full Name of Father George Wright

9. Father's Occupation Oyster shucker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Armanda Wilson

Address

Remarks

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 17 November 1876.
4. *Place of Birth* (Street and Number) Baltimore. 72. Elliott St.
5. *Full Name of Mother* Marie Schuckhardt.
6. *Mother's Maiden Name* Kornauer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Heinrich Schuckhardt.
9. *Father's Occupation* Restaurateur.
10. *Father's Birthplace* Lorraine.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmer

Address Elliott St. 61.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 17th
4. Place of Birth (Street and Number)	68 Camden St
5. Full Name of Mother	Fredericke Smith
6. Mother's Maiden Name	Schultz
7. Mother's Birthplace	Honorie; Germany
8. Full Name of Father	Charles Smith
9. Father's Occupation	Liquor dealer
10. Father's Birthplace	Hessendarm Stadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Stark
Address	928 S Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 7

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Nov 17th '76
4. *Place of Birth* (Street and Number) 203 N Howard
5. *Full Name of Mother* Caroline G. Cottman
6. *Mother's Maiden Name* Caroline G Shubb
7. *Mother's Birthplace* Washington D C
8. *Full Name of Father* J. Hough Cottman
9. *Father's Occupation* Broker (Chemicals)
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Edmund Walker M D

Address 180 Linden Avenue

Remarks R.O.A. Born one hour long

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

15212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1st Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth November the 17th 1876

4. Place of Birth (Street and Number) No 442 east Lombard Street

5. Full Name of Mother Anne Louise Schminke Munter

6. Mother's Maiden Name Anne Louise Schminke

7. Mother's Birthplace Baltimore

8. Full Name of Father Barnhardt Munter

9. Father's Occupation Ship Chandler

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Simms

Address No 178 Chappell Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 15213

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex (state whether ~~Male or~~ Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 4th a. m. 17th November, 1876.

4. Place of Birth (Street and Number) Cor Chapel & St. [redacted] Carey Sts.

5. Full Name of Mother Julia Mary Schmale

6. Mother's Maiden Name Julia Mary Hook

7. Mother's Birthplace Baltimore City

8. Full Name of Father Charles Frederic Schmale

9 Father's Occupation Dealer in Shoes Findings &c

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm S. Hook M.D.

Address 83 Franklin St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1/1 1/1 15211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 17th 1876
4. Place of Birth (Street and Number)	341 Franklin st
5. Full Name of Mother	Eliza P. Tuck
6. Mother's Maiden Name	" " Livingston
7. Mother's Birthplace	Calvert County Maryland
8. Full Name of Father	William George Tuck
9. Father's Occupation	Real Estate agent
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. E. Silbourn M. D.
Address	47 Edmondson ave
Remarks	

rect Re...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first

1. Sex (state whether Male or Female) Female healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 17 of Nov. 1876
4. Place of Birth (Street and Number) 1½ Calverton Road
5. Full Name of Mother Margaret Gehringer
6. Mother's Maiden Name M. Gist
7. Mother's Birthplace born in the City of Baltimore
8. Full Name of Father William Gehringer
9. Father's Occupation Painter
10. Father's Birthplace born in Wurtenberg Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smalwood St.

Remarks

Extract Regulation ... of Vital Statistics in the C... to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15216

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 2nd child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	November the 17th 1876
4. Place of Birth (Street and Number)	No 146 South [illegible] Street
5. Full Name of Mother	Roseanna Stokes Robinson
6. Mother's Maiden Name	Roseanna Stokes
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Washington Robinson
9. Father's Occupation	Laborer
10. Father's Birthplace	Virgina
Name of Medical Attendant, or other Person who makes this Return.	Mary Simms
Address	No 178 Chappel Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Nov. 17th 1876
4. Place of Birth (Street and Number) No. 189 Bank St.
5. Full Name of Mother ~~Carrie Francis Volkmar~~
6. Mother's Maiden Name Carrie Francis Setzer.
7. Mother's Birthplace France
8. Full Name of Father Louis G. Volkmar
9. Father's Occupation Druggist
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 117 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 5th.
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	November 17th
4. *Place of Birth* (Street and Number)	No. 384 E. Monument Street
5. *Full Name of Mother*	Philipp Leander Hitchcock Fanny Alberta
6. *Mother's Maiden Name*	Wilcoxon
7. *Mother's Birthplace*	Frederick City Md.
8. *Full Name of Father*	Philipp Leander Hitchcock
9. *Father's Occupation*	Gold Clerk in Sub Treasury Balto.
10. *Father's Birthplace*	Frederick City Md.
Name of Medical Attendant, or other Person who makes this Return.	Asa J. Kreuber M. D.
Address	222 N. Broadway
Remarks	Third Pregnancy had Twins.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15219
15220

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 and 9th

1. *Sex* (state whether Male or Female) Male and Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* November 17th 1876
4. *Place of Birth* (Street and Number) 30 Pennsylvania ave Baltimore Md
5. *Full Name of Mother* Jenny Rosenthal
6. *Mother's Maiden Name* Jenny Hart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Simon Rosenthal
9. *Father's Occupation* Furniture Dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Annia Rosenzahl

Address 220 Preston st Baltimore Md

Remarks

Vest Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First —

1. Sex (state whether Male or Female) Male —

2. Race or Color (if not of the white race)

3. Date of Birth November 17th — 1876 —

4. Place of Birth (Street and Number) 345 Lanvale St —

5. Full Name of Mother Georgie G. G. Gillingham —

6. Mother's Maiden Name Mc Coy —

7. Mother's Birthplace — Baltimore —

8. Full Name of Father — Wm. H. Gillingham —

9 Father's Occupation — Carpenter —

10. Father's Birthplace — Baltimore —

Name of Medical Attendant, or other Person who makes this Return. Wm. A. B. Sellman M. D —

Address S. W. cor. Carrollton Ave and Lanvale Street —

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15222

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	17th. November
4. Place of Birth (Street and Number)	No 19 Slemmers Alley
5. Full Name of Mother	Winesford Mrs Eann
6. Mother's Maiden Name	Winesford Cunningham
7. Mother's Birthplace	Ireland
8. Full Name of Father	Bernerd Mr Cann
9. Father's Occupation	Labor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Elijo Flemming
Address	No 97 Albmarle st.
Remarks	healthy

Directions in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15223

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) S. Mail
2. Race or Color (if not of the white race) White
3. Date of Birth 17 November 18..76
4. Place of Birth (Street and Number) Baltimore Gilmore st No 5
5. Full Name of Mother Ellen Stackett
6. Mother's Maiden Name Ellen McCurdy
7. Mother's Birthplace Baltimore Co MD
8. Full Name of Father James P Stackett
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Susannah Fruhberger

Address 293 Ramsey st Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

152214

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 17th " 1876
4. Place of Birth (Street and Number)	324 E. Burk"
5. Full Name of Mother	Mary Louise Band
6. Mother's Maiden Name	" " Eckart
7. Mother's Birthplace	Germany
8. Full Name of Father	John Samuel Band
9. Father's Occupation	Iron Roller
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	47 So. Broadway
Remarks	

Post Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) — the third Child

1. Sex (state whether Male or Female) — Female

2. Race or Color (if not of the white race) — White

3. Date of Birth — November the 17 1876

4. Place of Birth (Street and Number) — No 173 Chester st

5. Full Name of Mother — Ellen Hill

6. Mother's Maiden Name — Ellen Niles

7. Mother's Birthplace — Baltimore

8. Full Name of Father — Charles W Hill

9. Father's Occupation — Oyster Packer

10. Father's Birthplace — Guilford Conn

Name of Medical Attendant, or other Person who makes this Return. — Ann E Ball

Address — No 171 South Chester st Balt

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 17th 1876
4. Place of Birth (Street and Number)	#21 S. Washington St.
5. Full Name of Mother	Elizabeth Elenbroke
6. Mother's Maiden Name	Elizabeth Schiitte
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Elenbroke
9. Father's Occupation	Baker
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	M. Lederer
Address	# 25 S. Durham St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15227

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	17 Nov. 1876.
4. Place of Birth (Street and Number)	538 Cranby
5. Full Name of Mother	Margaret Gunther
6. Mother's Maiden Name	Schuhman
7. Mother's Birthplace	Germany
8. Full Name of Father	Peter Gunther
9. Father's Occupation	Turner.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	526 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15228

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 November
4. Place of Birth (Street and Number)	71 North St
5. Full Name of Mother	Bridget Fahay
6. Mother's Maiden Name	Conroy
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Fahay
9. Father's Occupation	Malt House
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Wimmer
Address	No 17 Forrest Place
Remarks	

15229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth November 18th
4. Place of Birth (Street and Number) 75 Oxford st Baltimore Md
5. Full Name of Mother Dora Smithman
6. Mother's Maiden Name Dora Cass
7. Mother's Birthplace Germany
8. Full Name of Father Whilliam Smithman
9. Father's Occupation Laborar
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Mesenzehl

Address 220 Preston st

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15230

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 18th
4. Place of Birth (Street and Number) 18 McKim St.
5. Full Name of Mother Kate Kelly
6. Mother's Maiden Name Kate Kelly
7. Mother's Birthplace Ireland
8. Full Name of Father Chas. Kelly
9. Father's Occupation Operative at City Gas Works.
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. John F. Monmonier M.D.

Address S. W. Calvert & Read sts.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child,

1. Sex (state whether Male or Female) Male,
2. Race or Color (if not of the white race) White race,
3. Date of Birth the 18 of November 1876,
4. Place of Birth (Street and Number) No 11 Chagnut all
5. Full Name of Mother Mary Chasting,
6. Mother's Maiden Name Mary Blatbug,
7. Mother's Birthplace in Geremeny,
8. Full Name of Father Thardory ~~Blatingbug~~ Chasting
9. Father's Occupation a Schoumaker
10. Father's Birthplace in Geremeny

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinga

Address No 14 Uneven st

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15232

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 18th 1876
4. Place of Birth (Street and Number)	Baltimore, Md. Conway st. No 77
5. Full Name of Mother	Mary Cake
6. Mother's Maiden Name	Kelly
7. Mother's Birthplace	Ireland
8. Full Name of Father	Martin Cakel
9. Father's Occupation	Engineer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No 122 Parkin st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 24 1876

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 1st to

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 18. 1876

4. Place of Birth (Street and Number) Shoestel str No 32.

5. Full Name of Mother Mari Schirmer

6. Mother's Maiden Name Mari Denz

7. Mother's Birthplace Untergriesheim Wittenberg

8. Full Name of Father August Schirmer

9. Father's Occupation Tailor

10. Father's Birthplace Langenleubaniederhein Sachsen

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Raupach.

Address S. Wolfstr No 28

Remarks Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15234

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18th of Nov. 1876.
4. Place of Birth (Street and Number) 26 Mulberry Baltimore
5. Full Name of Mother Mable F. Keagle
6. Mother's Maiden Name Mable F. Meek
7. Mother's Birthplace Baltimore City
8. Full Name of Father William A. Keagle
9. Father's Occupation Oyster & Fruit Packer
10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 W. Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 18th 1876
4. Place of Birth (Street and Number) No 185 E. Baltimore st
5. Full Name of Mother Emma Saudte
6. Mother's Maiden Name Emma Smalbach
7. Mother's Birthplace Baltimore
8. Full Name of Father Anton Saudte
9. Father's Occupation Confectioner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dena H. Ulegeist

Address No 182 E Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 18th 1876

4. Place of Birth (Street and Number) No 3 Antone St

5. Full Name of Mother Kate Bersterman

6. Mother's Maiden Name Kate Remmel

7. Mother's Birthplace Germany

8. Full Name of Father Frank Bersterman

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 1.82 E Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W
3. Date of Birth	Nov 18 1874
4. Place of Birth (Street and Number)	Eager St. E. of Charles
5. Full Name of Mother	Emma Stamford
6. Mother's Maiden Name	Emma Taggart
7. Mother's Birthplace	Penn^a
8. Full Name of Father	Thomas Stamford
9. Father's Occupation	Officer U.S. Army
10. Father's Birthplace	Texas
Name of Medical Attendant, or other Person who makes this Return.	Richd McSherry M.D.
Address	189 N Howard
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

152.38

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th 1877
4. Place of Birth (Street and Number)	615 Light St
5. Full Name of Mother	Mary E. Ellis
6. Mother's Maiden Name	Mary E. Scheetell
7. Mother's Birthplace	Balto
8. Full Name of Father	Robert Ellis
9. Father's Occupation	Cutter
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Sherlock Cook M.D.
Address	146. Hanover st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Records of Vital Statistics of the City of Baltimore.

15239

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st. Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Dec. 18th. 11 30 A. M. Boy
4. *Place of Birth* (Street and Number) 96 N. Spring St.
5. *Full Name of Mother* Laura Robertson
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Unknown
9. *Father's Occupation* " "
10. *Father's Birthplace* " "

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly

Address 1992 E. Balto, St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15240

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Svotesoves

1. *Sex (state whether Male or Female)* Svotesoves
2. *Race or Color (if not of the white race)* Girl Nite
3. *Date of Birth* 18 Listopot 1876
4. *Place of Birth (Street and Number)* Bolt Ann St no 76
5. *Full Name of Mother* Aney Joseofeak
6. *Mother's Maiden Name* ~~Domnike~~ Aney Slenka
7. *Mother's Birthplace* Votesoves
8. *Full Name of Father* Votesoves
9. *Father's Occupation* tailor
10. *Father's Birthplace* Bolinore

Name of Medical Attendant, or other Person who makes this Return. Mary Kuptish Medical

Address

Remarks first Child

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15241

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18 November 1876
4. Place of Birth (Street and Number) 172 S Washington St
5. Full Name of Mother Sarah Emma Miller
6. Mother's Maiden Name Sarah Emma Reese
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Miller
9. Father's Occupation Laborer
10. Father's Birthplace Columbus Ohio

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address 104 Curley St Canton

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

152142

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* november 18.1896
4. *Place of Birth (Street and Number)* 105 Chestnut Alley
5. *Full Name of Mother* Martha Ebbs
6. *Mother's Maiden Name* Martha Paterson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Ebbs
9. *Father's Occupation* Hodcarrier
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address 85 Orchard street

Remarks

RETURN OF A BIRTH.

152113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
2
1877
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan. 1. 76

4. Place of Birth (Street and Number) 65 Erie

5. Full Name of Mother Ellen Wigley

6. Mother's Maiden Name Miller

7. Mother's Birthplace Alleghany Co Md

8. Full Name of Father Geo. E. Wigley

9. Father's Occupation Engineer

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Louis M Eastman

Address 349 Lond

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15244

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18th of November
4. Place of Birth (Street and Number) No 156 South Eutaw St
5. Full Name of Mother Mary Bartha Bell
6. Mother's Maiden Name Smith
7. Mother's Birthplace New York
8. Full Name of Father John T Bell
9. Father's Occupation labor
10. Father's Birthplace Washington Ct Landing

Name of Medical Attendant, or other Person who makes this Return. Susan E Armstrong

Address one hundred ninety Conway St.

Remarks Baltimore Md

No remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15245

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 18th 70
4. Place of Birth (Street and Number) 56 Hillman St.
5. Full Name of Mother Eliza Savage
6. Mother's Maiden Name Duffy
7. Mother's Birthplace Dublin City Ireland
8. Full Name of Father John Savage
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Jno. Bricke Boyle M.D.

Address 166 E. Eager St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 November
4. *Place of Birth (Street and Number)* 18 Hillman St
5. *Full Name of Mother* Ellen Hogan
6. *Mother's Maiden Name* McKenna
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Peter Hogan
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Chrismer

Address No 19 Forrest Place

Remarks

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15247

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st Second Child 2

1. Sex (state whether Male or Female) A This is a Male child

2. Race or Color (if not of the white race) Colored Child

3. Date of Birth November 17 1876

4. Place of Birth (Street and Number) Warner St No 190

5. Full Name of Mother Miss Maggie Harris

6. Mother's Maiden Name Haggen Harris

7. Mother's Birthplace Kentland Queenanne County Md

8. Full Name of Father Parry Harris

9. Father's Occupation Oysterman is my occupation

10. Father's Birthplace Kentland Queen Anne County Md

Name of Medical Attendant, or other Person who makes this Return. Charlotte A. Johnson

Address Warner St No 190

Remarks

Baltimore Md

15248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race
3. Date of Birth the 19 of November 1876
4. Place of Birth (Street and Number) No 10 Baker st.
5. Full Name of Mother Maggia Jenkie.
6. Mother's Maiden Name Maggia Mann,
7. Mother's Birthplace in Geremeny,
8. Full Name of Father Theardor Jenkier,
9. Father's Occupation a Labor work,
10. Father's Birthplace in Geremeny

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 8-31-54

15249

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Mary Virginia Marsh

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth November ~~novem~~ 19 - 1876
4. Place of Birth (Street and Number) fort St 26
5. Full Name of Mother Mary E marsh
6. Mother's Maiden Name mary E Walker
7. Mother's Birthplace prence gearde. Caunty
8. Full Name of Father Walter W marsh
9. Father's Occupation A sailor
10. Father's Birthplace virginnid

Name of Medical Attendant, or other Person who makes this Return.

Address Mill Norway

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15250

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 19th 1876

4. Place of Birth (Street and Number) No 240 N. Dallas St.

5. Full Name of Mother Amelia Deitz

6. Mother's Maiden Name Amelia Miller

7. Mother's Birthplace Baltimore City

8. Full Name of Father Joseph Deitz

9. Father's Occupation Cigar maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Bott.

Address No 181 N. Central Avenue 3 doors South of Monument Street

Remarks All Well.

...ysician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15251

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 19th 1876
4. Place of Birth (Street and Number) No 23 Ensor st
5. Full Name of Mother Kate Bolst
6. Mother's Maiden Name Kate Quigley
7. Mother's Birthplace Baltimore
8. Full Name of Father Frederick Bolst
9. Father's Occupation Laborer
10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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ui

15252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Femal
2. Race or Color (if not of the white race) white
3. Date of Birth 19 November
4. Place of Birth (Street and Number) Wollin Street. 134
5. Full Name of Mother Lissi Hartel
6. Mother's Maiden Name Stengle
7. Mother's Birthplace Germany
8. Full Name of Father Thomas Hartel
9. Father's Occupation Potter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach

Address ~~Board of Health~~

Remarks ~~None~~ 439 Wolfe & Lewith pl

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

152 53

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 9 1896
4. *Place of Birth (Street and Number)* 190 German street
5. *Full Name of Mother* Minty Henson
6. *Mother's Maiden Name* Minty Bowser
7. *Mother's Birthplace* Harford County maryland
8. *Full Name of Father* Frank Henson
9. *Father's Occupation* Porter
10. *Father's Birthplace* Rock Hill maryland

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address ~~Dr~~ 85 Orchard street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

152311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Color
3. Date of Birth	Nov the 19th 1876
4. Place of Birth (Street and Number)	125 Orleans Street
5. Full Name of Mother	Fany Davis
6. Mother's Maiden Name	
7. Mother's Birthplace	Maryland
8. Full Name of Father	James Davis
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Anna Cooner
Address	24 Harrison Alley Canton
Remarks	

15255

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 19th 1876
4. Place of Birth (Street and Number) 203 Columbia Av
5. Full Name of Mother Kate Shea
6. Mother's Maiden Name Kate White
7. Mother's Birthplace Ireland
8. Full Name of Father Richard Shea
9. Father's Occupation Miller
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Strong

Address 203 Columbia Av

Remarks Mr. Strong. No 32. Cinderhall St.

Sect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* November 19th 1876.
4. *Place of Birth (Street and Number)* William Street No 362
5. *Full Name of Mother* Christina Falk.
6. *Mother's Maiden Name* Christina Lehmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John P. Falk.
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address 114 Battery Av.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15267

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 19th 1876.
4. Place of Birth (Street and Number)	87 S. Sharp St.
5. Full Name of Mother	Maggie F Finnegan
6. Mother's Maiden Name	Maggie F. Barnes
7. Mother's Birthplace	Jericho Md.
8. Full Name of Father	Joseph Finnegan
9. Father's Occupation	Telegraphist
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	
Address	108 S Sharp St
Remarks	Natural Labor

DR. S. H. SMITH
NOV
19
1876
BALTIMORE, MD.

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15255

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c)

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 19 November
4. *Place of Birth (Street and Number)* 147 Hill Strit
5. *Full Name of Mother* Catharina Kroff
6. *Mother's Maiden Name* La Schlim
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Philipp Kroff
9. *Father's Occupation* Blech Schmidt
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatherhall Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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15259

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 11th 76
4. *Place of Birth (Street and Number)* 13 Willmore Alley
5. *Full Name of Mother*
6. *Mother's Maiden Name* Alice Catharine Carter
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Raymond queen
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester Bradley Doctress

Address 185 Orchard street

Remarks

Fees Record of Vital Statistics of the City of Baltimore.

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15260

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	November 19th 1876
4. Place of Birth (Street and Number)	No 340 Alice Anne st.
5. Full Name of Mother	Mary Klitt
6. Mother's Maiden Name	"
7. Mother's Birthplace	City
8. Full Name of Father	Ludwig Klitt
9. Father's Occupation	Barkeeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank st.
Remarks	

Correct Registrations of the Births in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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15261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	November 17th 1876
4. Place of Birth (Street and Number)	No 287 S Dallas str
5. Full Name of Mother	Catherine Neuschaeffer
6. Mother's Maiden Name	" Shumann
7. Mother's Birthplace	City
8. Full Name of Father	Julius Neuschaeffer
9. Father's Occupation	Driver
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bustmann
Address	120 Bond str.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15262

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 19th 1876
4. Place of Birth (Street and Number)	176 Bank
5. Full Name of Mother	Mary Ann Bagnall
6. Mother's Maiden Name	Mary Ann Connolly
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Welch Bagnall
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M. D.
Address	77 So. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Child,

1. Sex (state whether Male or Female) Males,
2. Race or Color (if not of the white race) White race,
3. Date of Birth the 19 of November, 1896,
4. Place of Birth (Street and Number) No 20. Woodfred st,
5. Full Name of Mother Saria Meller,
6. Mother's Maiden Name Saria Brooks,
7. Mother's Birthplace in Veaginia
8. Full Name of Father John Meller,
9. Father's Occupation a Blacksmith,
10. Father's Birthplace in Veaginia

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Mriar st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

152611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th Mary Hanway 11 f

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth November 20th 1876.

4. Place of Birth (Street and Number) 363. Madison Avenue

5. Full Name of Mother Mary A Hanway.

6. Mother's Maiden Name Mary A Scott

7. Mother's Birthplace Steubenville Ohio.

8. Full Name of Father William A. Hanway.

9. Father's Occupation Wholesale Druggist

10. Father's Birthplace Morgantown West Virginia

Name of Medical Attendant, or other Person who makes this Return. A. T. Bell MD

Address 346 Madison Avenue

Remarks Letter in file from attorney Bryant for addition of child's name, May 5th 1926. E E Weber

15265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 20th

4. Place of Birth (Stree and Number) S. Fremont 1 mr 91.

5. Full Name of Mother Lizie Kinsey

6. Mother's Maiden Name Lizie Hilar

7. Mother's Birthplace Baltimore City

8. Full Name of Father William Kinsey

9. Father's Occupation Pattern Maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. C. J. Buddenbohn M.D.

Address 106 Columbia st

Remarks Instrumental "

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 20 th 1876
4. Place of Birth (Street and Number)	S. E. Cor. Fawn & High sts.
5. Full Name of Mother	Mary Louise Mc Gaw
6. Mother's Maiden Name	Mary Louise Ball
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Samuel Mc Gaw
9. Father's Occupation	Oyster Dealer
10. Father's Birthplace	Philadelphia Pa.
Name of Medical Attendant, or other Person who makes this Return.	G. Lawson Wilkins M.D.
Address	477 So. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	November 20th 1876
4. Place of Birth (Street and Number)	97 N. Caroline St.
5. Full Name of Mother	Mary Catharine Feige
6. Mother's Maiden Name	" " Bowers
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George W. P. Feige
9. Father's Occupation	Brass finisher
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	186 N. Donogh St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	20 Nov
4. *Place of Birth* (Street and Number)	No 374 Franklin
5. *Full Name of Mother*	Jennie H Glascock
6. *Mother's Maiden Name*	do do Briscoe
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Wm Glascock
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 15269

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Three

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 20 1876

4. Place of Birth (Street and Number) Campbell Ally No 9

5. Full Name of Mother Liz. Frisbey

6. Mother's Maiden Name Liz Bantom

7. Mother's Birthplace

8. Full Name of Father — Frisbey Geo -

9. Father's Occupation Labourer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. William Lee M D

Address 339 Eutaw st

Remarks Child + after birth came away at same time Hemorrhage following in twenty minutes.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, [redacted] the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~15269~~
15270

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 20th 1876.
4. Place of Birth (Street and Number)	207 Pirce Street
5. Full Name of Mother	L. Kamp
6. Mother's Maiden Name	L. Mueller
7. Mother's Birthplace	Germany
8. Full Name of Father	George Kamp
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl St.
Remarks	

...red Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15271

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 20. 1876
4. Place of Birth (Street and Number)	112 Johnson street Baltimore
5. Full Name of Mother	Charlotte Nash
6. Mother's Maiden Name	Charlotte Crispins
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Nash
9. Father's Occupation	Sofary
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

152.72

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Nov. 21 1876.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Nov. 20 th 1876.
4. *Place of Birth (Street and Number)* 116 Duncan alley.
5. *Full Name of Mother* Mary Michel
6. *Mother's Maiden Name* Mary Ehleier.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Michel.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Arnold.

Address No 137 Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15273

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20. November
4. *Place of Birth (Street and Number)* Cor Warner & Sec. 1.81
5. *Full Name of Mother* Jennie Lapner
6. *Mother's Maiden Name* Mary Jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm H. Lapner
9. *Father's Occupation* Labor—
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Sunbeck

Address 439 West Lewett

Remarks

RETURN OF A BIRTH.

152711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 20
4. Place of Birth (Street and Number)	288 S. Bond St
5. Full Name of Mother	Emma Kellner
6. Mother's Maiden Name	" Kilmann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Kellner
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Herdluye
Address	No 284 S. Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15273

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 Apr
4. Place of Birth (Street and Number)	136 Howard St
5. Full Name of Mother	Louisa Berghoff
6. Mother's Maiden Name	Dasler
7. Mother's Birthplace	Hanover, Ger
8. Full Name of Father	Anton Berghoff
9. Father's Occupation	Laborer
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	Mary Hart
Address	328 S Eutaw St
Remarks	

15276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Geburt

1. Sex (state whether Male or Female) Mathew Julie Barton
2. Race or Color (if not of the white race) Weiß
3. Date of Birth Den 20ten November 1876
4. Place of Birth (Street and Number) Bond St No 248
5. Full Name of Mother Marie Mares
6. Mother's Maiden Name Marie Barton
7. Mother's Birthplace Bohemia
8. Full Name of Father Frantz Barton
9. Father's Occupation Taglöhner
10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Address Terezie Merzl Bond St No 248

Remarks Baltimore Den 25ten November 1876

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

152.77

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex* (state whether Male or Female) Männlich.
2. *Race or Color* (if not of the white race) weiß.
3. *Date of Birth* d. 20 November 1876.
4. *Place of Birth* (Street and Number) Canton Lancaster St.
5. *Full Name of Mother* Sofiene Bauernfeind.
6. *Mother's Maiden Name* Berl.
7. *Mother's Birthplace* Baiern
8. *Full Name of Father* Gottlob Bauernfeind.
9. *Father's Occupation* Tagelöhner
10. *Father's Birthplace* Baiern.

Name of Medical Attendant, or other Person who makes this Return. Anna Simmen.

Address Elliott St 61.

Remarks

15278

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 of Nov 1876
4. Place of Birth (Street and Number)	James St . Balt. MD.
5. Full Name of Mother	Mary Baker
6. Mother's Maiden Name	Mary Bowers
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	William Baker
9. Father's Occupation	Drayman
10. Father's Birthplace	Baltimore MD.
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. R. Caskey
Address	115 Hamburg St
Remarks	all Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~15297~~

To the Office of Registrar of Vital Statistics, Board of Health, 15279

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White.

3. Date of Birth November 20th 76.

4. Place of Birth (Street and Number) 125. N Gay St

5. Full Name of Mother Mary. A. Weil

6. Mother's Maiden Name Mary A Black

7. Mother's Birthplace Balto. City

8. Full Name of Father Henry Weil

9. Father's Occupation Shoe merchant.

10. Father's Birthplace Balto. County. Md.

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address 86. S. Fayette St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15280

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 20th 1876

4. Place of Birth (Street and Number) #13 Madeira Alley

5. Full Name of Mother Barbara Dienlein

6. Mother's Maiden Name Barbara Siegman

7. Mother's Birthplace Bavaria

8. Full Name of Father Julius Dienlein

9. Father's Occupation Laborer

10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. M. Lederer

Address #25 S. Durham St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 28 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 21st 1870

4. Place of Birth (Street and Number) No. 149. N. Madison St.

5. Full Name of Mother Sally Preston

6. Mother's Maiden Name Sally Cookle

7. Mother's Birthplace Harford

8. Full Name of Father Franklin Preston

9. Father's Occupation Hunter & Boardinghouse

10. Father's Birthplace Pensilvania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No ~~20~~ 181. N. Central Avenue 3 doors South of Monument St.

Remarks All Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15282

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	November. 21st.
4. Place of Birth (Street and Number)	49 E. Eager St.
5. Full Name of Mother	Bridget A. Magee.
6. Mother's Maiden Name	" " Larkin
7. Mother's Birthplace	Ireland
8. Full Name of Father	Simon J. Magee.
9. Father's Occupation	Produce Dealer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Edward P. McDevitt
Address	137 N. Exeter St.
Remarks	

NOV 20 1874

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15283

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 21st November 1876.
4. *Place of Birth (Street and Number)* Fort Road No Number.
5. *Full Name of Mother* Christina Bolander.
6. *Mother's Maiden Name* Christina Beck.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* William Bolander.
9. *Father's Occupation* Laboror.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Katherine Horner.

Address No 29. Elizabeth Lane.

Remarks

NOV 29 1876 BALTIMORE

Extract Regulations of the Board of Health to Secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15284

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 21st 1816
4. Place of Birth (Street and Number)	Baltimore Pratt st No. 530
5. Full Name of Mother	Sarah Mc. Keown
6. Mother's Maiden Name	Sarah Buckey
7. Mother's Birthplace	Frederick County
8. Full Name of Father	John Mc. Keown
9. Father's Occupation	Brass Moulder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 122, Parkin st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

152.55

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	November 21st 1876
4. Place of Birth (Street and Number)	No 14 Orleans st.
5. Full Name of Mother	Rebecca Rose Kräft
6. Mother's Maiden Name	
7. Mother's Birthplace	City
8. Full Name of Father	Leopold Rose
9. Father's Occupation	Segar Maker.
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st.
Remarks	

RETURN OF A BIRTH.

15286

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5-th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 21st 1876
4. Place of Birth (Street and Number)	56 S. Sharp St.
5. Full Name of Mother	Catherine M. Gill
6. Mother's Maiden Name	Hunicheun
7. Mother's Birthplace	Maryland
8. Full Name of Father	Chas. M. Gill
9. Father's Occupation	D. D. S.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. Cor Hanover & Barre Sts
Remarks	

rect Record.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15287

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November the 21, 1876.
4. *Place of Birth (Street and Number)* N. Wolfe St. No 1.
5. *Full Name of Mother* Capitolia Robinson
6. *Mother's Maiden Name* Capitolia Robinson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary E. Heller

Address N. Dallas St. No. 26,

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midw or other son in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15288

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
27
1875
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6te Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* N. High St. November the 24. 1876
4. *Place of Birth (Street and Number)* N. High St. No. 133.
5. *Full Name of Mother* Karolina Prinz
6. *Mother's Maiden Name* Karolina Schmidt
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Lorenz Prinz
9. *Father's Occupation* Junk. Dealer.
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Legal Registration of the Births in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15289

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 21st 1876
4. Place of Birth (Street and Number)	80 S High St
5. Full Name of Mother	Mary Dunn
6. Mother's Maiden Name	" Doyle
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Dunn
9. Father's Occupation	Carriage Painter
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	D Webster Bothell MD
Address	1½ S Exeter St
Remarks	Infant appears to be premature and poorly, if at all able to maintain a seperate Existence

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 21st 1876
4. Place of Birth (Street and Number)	184 Division St
5. Full Name of Mother	Susan Cecelia Johnson
6. Mother's Maiden Name	Holt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Harrington Johnson
9. Father's Occupation	Salesman
10. Father's Birthplace	Buffalo N. Y.
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M. D.
Address	262 Madison St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15291

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 21 1876
4. Place of Birth (Street and Number)	No 124 William st
5. Full Name of Mother	S. Maryland
6. Mother's Maiden Name	S. Nagle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Whaland
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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15292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	November 21st 1876.
4. Place of Birth (Street and Number)	Bird Street No 8.
5. Full Name of Mother	Margreth Reiming
6. Mother's Maiden Name	Margreth Meullek
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Peter Reiming.
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Dorothea Breuse.
Address	114 Battery Av.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: George Bleck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 21 1876
4. *Place of Birth (Street and Number)* 23 N. Washington str.
5. *Full Name of Mother* Rosa ~~Blak~~ Bleck
6. *Mother's Maiden Name* Rosa Bilerson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johan ~~Blak~~ Blak
9. *Father's Occupation* Kabenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 N. Bond Str.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

152911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 Nov 1876
4. Place of Birth (Street and Number)	36 Henrietta St · Balt MD
5. Full Name of Mother	Lou Helyes
6. Mother's Maiden Name	Lou Helyes
7. Mother's Birthplace	Baltimore MD.
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. R. Caskey
Address	Hamburg St
Remarks	all Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15295

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	November 21. 1876.
4. Place of Birth (Street and Number)	251 E. Fayette St.
5. Full Name of Mother	Laura V. Skillman.
6. Mother's Maiden Name	Laura V. Skillman.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Chas. Skillman.
9. Father's Occupation	Brakesman.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Lowell M.D.
Address	224 Carrollton Ave.
Remarks	Child in good Physical condition

HEALTH DEPARTMENT NOV 24 1876 BALTIMORE

RETURN OF A BIRTH.

15296

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White Latte
3. Date of Birth	21st Nov 1876
4. Place of Birth (Street and Number)	63 O'Donnell st bantz
5. Full Name of Mother	Elizabeth Wille
6. Mother's Maiden Name	Elizabeth Hildebrandt
7. Mother's Birthplace	Germany
8. Full Name of Father	Friederick Wille
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullers
Address	102 Bailey st bantz
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15297

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
16
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	November 21 st 1876
4. Place of Birth (Street and Number)	Holland st No 21
5. Full Name of Mother	Annie Watson
6. Mother's Maiden Name	" Hines
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Watson
9. Father's Occupation	Balto Md
10. Father's Birthplace	Trunk maker
Name of Medical Attendant, or other Person who makes this Return.	Mrs R ose Kelly
Address	48 Holland st Balto City
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 22nd 1876
4. Place of Birth (Street and Number)	16 Jackson St.
5. Full Name of Mother	Johana Myers
6. Mother's Maiden Name	" Burke
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	James S. Myers
9. Father's Occupation	Clerk
10. Father's Birthplace	Troy N. Y.
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville, Rusk M.D.
Address	Balt. & Wash. St.
Remarks	Natural,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Amey mills

1. Sex (state whether Male or Female) femail 4 child
2. Race or Color (if not of the white race) Color Darke
3. Date of Birth Nov the 22 1916
4. Place of Birth (Street and Number) 160 and 7 South bethel St
5. Full Name of Mother Amey Tailer
6. Mother's Maiden Name
7. Mother's Birthplace M D
8. Full Name of Father Reberd mills
9. Father's Occupation labor
10. Father's Birthplace M D

Name of Medical Attendant, or other Person who makes this Return. Aliza Chaplin

Address Daly St No 51

Remarks

RETURN OF A BIRTH.

15300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 22nd 1876
4. Place of Birth (Street and Number)	No 29 Bank St — Canton
5. Full Name of Mother	Julia Kimila
6. Mother's Maiden Name	do do
7. Mother's Birthplace	Germany
8. Full Name of Father	(Illegitimate Father)
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Thomas J. Evans. M. D
Address	No 18 Jackson Place
Remarks	Balto M. d.

Extract Regulations of the Board of Health of the City of Baltimore to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 22nd 1876
4. Place of Birth (Street and Number)	98 South Bond st
5. Full Name of Mother	Selma Haught
6. Mother's Maiden Name	" " Dorman
7. Mother's Birthplace	Germany
8. Full Name of Father	Julius Haught
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Getzke
Address	55 South Bond. st
Remarks	Balto Md

rect Record of Vital Statistics in the City of Baltimore.

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15302

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	~~22 November~~ Colored
3. Date of Birth	~~No 4 Hazers Court~~ 22 November
4. Place of Birth (Street and Number)	No 4 Hazers court
5. Full Name of Mother	Betty Sharp
6. Mother's Maiden Name	Rollins
7. Mother's Birthplace	Talbot County
8. Full Name of Father	Wm H Sharp
9. Father's Occupation	Coocher
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Schriemer
Address	No 18 Forrest Place
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15303

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth —
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White —
3. Date of Birth	Nov 22nd 1896
4. Place of Birth (Street and Number)	259 Greenmount Ave
5. Full Name of Mother	Harriet Blaney
6. Mother's Maiden Name	Harriet Scarborough
7. Mother's Birthplace	England.
8. Full Name of Father	Geo Fr. Blaney
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Wheldrake
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15304

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4tes Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth November the 22. 1876.
4. Place of Birth (Street and Number) Hamstead St. No. 33
5. Full Name of Mother Meda Peterson
6. Mother's Maiden Name Meda Merthens
7. Mother's Birthplace Bedehute Vr. Preussen Germany
8. Full Name of Father Nicolaus Peterson
9. Father's Occupation Sec. Capitain
10. Father's Birthplace Flensburg. Vr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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15303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	1853 22d Nov 1876.
4. Place of Birth (Street and Number)	153 Aisquith st.
5. Full Name of Mother	Elizabeth Gunrich
6. Mother's Maiden Name	Bishop
7. Mother's Birthplace	U.S. States
8. Full Name of Father	Henry Gunrich
9. Father's Occupation	Gun smith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	22 d June 1876
4. Place of Birth (Street and Number)	24 Baltimore
5. Full Name of Mother	Margaret Gray
6. Mother's Maiden Name	Essig
7. Mother's Birthplace	Germany
8. Full Name of Father	George Gray
9. Father's Occupation	Cigar manufacturer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	526 Gouland St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	—
3. Date of Birth	22d Nov. 1876.
4. Place of Birth (Street and Number)	63 Chestnut St.
5. Full Name of Mother	Caroline Rosenblatt
6. Mother's Maiden Name	" Robert
7. Mother's Birthplace	Germany
8. Full Name of Father	James Rosenblatt
9. Father's Occupation	Peddler
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	526 E. Lombard St.
Remarks	

Extract Regulations of the Board of Health of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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15308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	eighth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 22d 1886.
4. Place of Birth (Street and Number)	129 Wine Street.
5. Full Name of Mother	Anna C. Ross.
6. Mother's Maiden Name	A. C. Lorey
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	John H. Ross.
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Bond St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15309

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third -
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored - African Race
3. Date of Birth	Nov. 22nd 1876
4. Place of Birth (Street and Number)	No. 4 Jessier St
5. Full Name of Mother	Mary Rose Flint
6. Mother's Maiden Name	Groomes
7. Mother's Birthplace	Balto. City
8. Full Name of Father	James William Flint
9. Father's Occupation	Barber
10. Father's Birthplace	Boston Mass.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15310

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 22 Nov 1876
4. Place of Birth (Street and Number) N. W. Corner of Thames & Broadway
5. Full Name of Mother Mary C. ~~Grothaus~~ Larmann
6. Mother's Maiden Name " " Grothaus
7. Mother's Birthplace Germany
8. Full Name of Father Robert B. Larmann
9. Father's Occupation Wach maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gertraut Miller

Address 151 E. Pratt

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 the
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 22. 16
4. Place of Birth (Street and Number)	Harrison str 61. Balt.
5. Full Name of Mother	Ester Kroleweiz
6. Mother's Maiden Name	Champfire
7. Mother's Birthplace	Russia
8. Full Name of Father	Philip Kroleweiz
9 Father's Occupation	Merchant
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	Miss Cäcilia Bernole.
Address	116. S. Leonard Str
Remarks	

Extract Regulations of the Board of Health relative to Return and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children

15312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 Nov
4. Place of Birth (Street and Number)	381 Hamburg St
5. Full Name of Mother	Sophia Lauf
6. Mother's Maiden Name	Hortig
7. Mother's Birthplace	Kurhessen
8. Full Name of Father	Henry Lauf
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Kurhessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 S. Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

1531

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth November 22nd 1876
4. Place of Birth (Street and Number) 207 Decker street city
5. Full Name of Mother Sallie Campbell Guest
6. Mother's Maiden Name Sallie Campbell
7. Mother's Birthplace Philadelphia
8. Full Name of Father George Guest
9. Father's Occupation Lawyer and Real Est Broker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. C B Gamble M.D.

Address 40 Richmond st

Remarks

153111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 1st 1876

4. Place of Birth (Street and Number) No. 13 Orleans st.

5. Full Name of Mother Elizabeth Evans

6. Mother's Maiden Name Elizabeth Schultz

7. Mother's Birthplace Germany

8. Full Name of Father Jacob Evans

9. Father's Occupation Mechanist

10. Father's Birthplace Harford County

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegas

Address One 182 E Monument st

Remarks

Extract Regulations of the Board of Health to secure a prompt and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

N 15315

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d —

1. Sex (state whether Male or Female) — Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 22d - 1876.

4. Place of Birth (Stree and Number) 43 Jackson Str.

5. Full Name of Mother Fanny Schulz.

6. Mother's Maiden Name " Phillips.

7. Mother's Birthplace Baltimore City

8. Full Name of Father Ernst. W. Schulz —

9. Father's Occupation Tinner —

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible] Johnne M.D.

Address 8 E. Fayette Str.

Remarks

15316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 22d 1876
4. *Place of Birth (Street and Number)* N 41 Franklin St
5. *Full Name of Mother* Virginia H. Crane
6. *Mother's Maiden Name* Virginia Hall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James C Crane
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F E Chatard M.D.

Address N 114 Park Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 23rd. 1876.
4. Place of Birth (Street and Number)	155 Jefferson st.
5. Full Name of Mother	Elizabeth Ann Wells,
6. Mother's Maiden Name	" Lambert,
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	Geo. R. Wells,
9. Father's Occupation	Clerk,
10. Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville Rusk M. D.
Address	Balt. & Wash. sts.
Remarks	Natural,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	November th 23
4. Place of Birth (Street and Number)	Ramsay St 34
5. Full Name of Mother	Anne Hines
6. Mother's Maiden Name	Anne Miller
7. Mother's Birthplace	Ireland
8. Full Name of Father	Caleb Hines
9. Father's Occupation	bar tender
10. Father's Birthplace	Houred County
Name of Medical Attendant, or other Person who makes this Return.	Jane Mercer
Address	136 McHenery St
Remarks	

Extract Regulations of the Board of Health relative to the Registration of Births and Deaths in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	November 23rd 1876
4. Place of Birth (Street and Number)	No 37 Perry St.
5. Full Name of Mother	Annie E. Davis
6. Mother's Maiden Name	Annie E. Talbott
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David Davis
9. Father's Occupation	Waiter
10. Father's Birthplace	Richmond Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Winnebanger
Address	23 N. Liberty St.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. November 26th 1876.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 23rd 1876.
4. Place of Birth (Street and Number) 221 Register St.
5. Full Name of Mother Lizzie Roberson.
6. Mother's Maiden Name Lizzie Reinich.
7. Mother's Birthplace America.
8. Full Name of Father Charlie Roberson
9. Father's Occupation Sailor.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return, Miss Mary ~~Amen~~ Amend.

Address No 137 Wolfe St.

Remarks —

15321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 23d 1876
4. Place of Birth (Street and Number)	187 Aisquith St
5. Full Name of Mother	Hannah Cornelius
6. Mother's Maiden Name	Hannah Ewing
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Nicholas A. Cornelius
9. Father's Occupation	Wood Dealer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address	178 Harford St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15322

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth (6th)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 23d 1876
4. Place of Birth (Street and Number)	282 N Eden St
5. Full Name of Mother	Mary Mantz
6. Mother's Maiden Name	Mary Kunkel
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	William Mantz
9. Father's Occupation	Mattress Manufacturer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address	178 Harford Av
Remarks	

...rect Record of ... City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15223

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

o. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2.
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	White
Date of Birth	November 23.
lace of Birth (Street and Number)	No 26 Stiles Street
ull Name of Mother	Isibelle Atkinson
other's Maiden Name	Isibelle. Heneman
Iother's Birthplace	Baltimore.
Full Name of Father	Sudley Atkinson
Father's Occupation	Clerk.
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eliza. Flemming
Address	No 97 Albemarle St.
Remarks	

Extract Regulations of the Board of Health to secure a full and cor-
... of Vital Statistics in the Ci...

That any physician, accoucheur, ... or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15321
15325

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 3rd child, twins

1. Sex (state whether Male or Female) /
2. Race or Color (if not of the white race) White
3. Date of Birth November the 23. 1876.
4. Place of Birth (Street and Number) Point Lane No. 20.
5. Full Name of Mother Karolina Linzenmeyer
6. Mother's Maiden Name Karolina Schmieg.
7. Mother's Birthplace Jaxthausen K. Wurtemberg. Germany
8. Full Name of Father Johann Linzenmeyer
9. Father's Occupation Butcher
10. Father's Birthplace Staeden K. Wurtemberg. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks one child dead born.

RETURN OF A BIRTH.

15326

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	23d Nov. 1876.
4. Place of Birth (Street and Number)	114 Howard St.
5. Full Name of Mother	Jane D White
6. Mother's Maiden Name	" Rupoe
7. Mother's Birthplace	U. States
8. Full Name of Father	John D White
9. Father's Occupation	Laborer
10. Father's Birthplace	U States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cayler
Address	526 Courtland
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15327

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	sixth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 23. 1886.
4. Place of Birth (Street and Number)	2. Fisher Street
5. Full Name of Mother	Elisabeth Keitel
6. Mother's Maiden Name	E. Lembach
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	John Keitel
9. Father's Occupation	Grocerie Store Keeper
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	36 Pearl Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15328

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 23 1846
4. *Place of Birth (Street and Number)* 94 Fayson Street
5. *Full Name of Mother* Harriet [redacted] Sanders
6. *Mother's Maiden Name* Harriet Gray
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Ernest Sanders
9. *Father's Occupation* Porter
10. *Father's Birthplace* Hanford County

Name of Medical Attendant, or other Person who makes this Return. Hester Bodley Doctress

Address 85 Orchard Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15329

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25
4. Place of Birth (Street and Number)	435 W. Fraley Alley
5. Full Name of Mother	Mary Fraley Uhland
6. Mother's Maiden Name	Mary F. Uhland
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Theodore Uhland
9. Father's Occupation	Watch Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. Lawrence Turnbull
Address	439 W. Fraley Alley
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth November 24th 1876.

4. Place of Birth (Street and Number) Battery Av. 247.

5. Full Name of Mother Mary Bahlmann.

6. Mother's Maiden Name Mary Zwitzler

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Henry Bahlmann.

9. Father's Occupation Fireman

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune.

Address 114 Battery Av

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	November 24th 1876
4. *Place of Birth* (Street and Number)	No 51 Dover St.
5. *Full Name of Mother*	Louis[redacted]er
6. *Mother's Maiden Name*	Lovinia Holland
7. *Mother's Birthplace*	Snow Hill Md.
8. *Full Name of Father*	Isaac Conner
9. *Father's Occupation*	Laboer
10. *Father's Birthplace*	Snow Hill Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Winnebergor
Address	23 N. Liberty
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	November 24th 1876
4. *Place of Birth* (Street and Number)	No 4 N. Ann St
5. *Full Name of Mother*	Mary A Jones
6. *Mother's Maiden Name*	" Gordon
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Planner Jones
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Allwell
Address	181 N Donogh st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15333

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	November 24th 1876
4. Place of Birth (Street and Number)	No 281 Eastern Ave
5. Full Name of Mother	Mary Dobelei
6. Mother's Maiden Name	" Brown
7. Mother's Birthplace	City
8. Full Name of Father	Lawrence Dobelei's
9. Father's Occupation	Engineer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank ste
Remarks	

RETURN OF A BIRTH.

153911.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d; 3d, &c.)	5th Child,
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 24th 1876.
4. Place of Birth (Street and Number)	403 McHenry St.
5. Full Name of Mother	Georgia Womack,
6. Mother's Maiden Name	Allen,
7. Mother's Birthplace	Elizabeth City, County, Va,
8. Full Name of Father	William Womack,
9. Father's Occupation	Bricklayer,
10. Father's Birthplace	Cumberland County, Va,
Name of Medical Attendant, or other Person who makes this Return.	L. Walsh White, M.D.
Address	845 W. Baltimore St.
Remarks	Child Healthy,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 24th 1870

4. Place of Birth (Street and Number) 64 South Regester St

5. Full Name of Mother Margaret Arnold

6. Mother's Maiden Name " " Diener

7. Mother's Birthplace Germany

8. Full Name of Father John Arnold

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Getzke

Address 55 South Bond St Balto md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15336

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 24th 1876
4. Place of Birth (Street and Number)	121 S. Castle st.
5. Full Name of Mother	Anna Connor
6. Mother's Maiden Name	" Flynn
7. Mother's Birthplace	Ireland
8. Full Name of Father	Roger Connor
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	P. G. Dausch M. D.
Address	27 N. Broadway.
Remarks	

15337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	sixth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 24th 1876
4. Place of Birth (Street and Number)	8. Bakes Court
5. Full Name of Mother	Teethe
6. Mother's Maiden Name	Edgang
7. Mother's Birthplace	Frederick Md.
8. Full Name of Father	Charles Teethe
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	5 E Pratt
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15338

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~First~~ First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 24th 1876

4. Place of Birth (Stree and Number) 172 S. Lombard. Str.

5. Full Name of Mother Anna. S. Hill.

6. Mother's Maiden Name Anna S. McDermot

7. Mother's Birthplace Baltimore City

8. Full Name of Father Wm Thos Hill.

9. Father's Occupation Clerk —

10. Father's Birthplace Dorchester County. Md.

Name of Medical Attendant, or other Person who makes this Return. G. C. Dohme M.D.

Address 86 S. Fayette Str —

Remarks

15339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 November
4. *Place of Birth (Street and Number)* 100 Ensor St
5. *Full Name of Mother* Mary Martin
6. *Mother's Maiden Name* Biel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Martin
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 11 70 Ensor Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

153140

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth November. 24th 1876

4. Place of Birth (Street and Number) No 93 S. Gilmor St. Baltimore

5. Full Name of Mother Mollie Ann Wild

6. Mother's Maiden Name Mollie Ann Ritter

7. Mother's Birthplace Powhattan Baltimore County Md.

8. Full Name of Father Henry Clay Wild

9. Father's Occupation Drover

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dummler "Shorter"

Address H. C. Weld. No 93. S Gilmore St. Balto

Remarks

15341

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth November th 24 1876

4. Place of Birth (Street and Number) 107 Chesnut Street

5. Full Name of Mother Susan Anna Dawsey

6. Mother's Maiden Name Susan Anna grosst

7. Mother's Birthplace Eastern Shore Maryland

8. Full Name of Father John henry dawsey

9. Father's Occupation Labor

10. Father's Birthplace grambry Carlin County

Name of Medical Attendant, or other Person who makes this Return. Prosset William

Address No 70 Chesnut Street

Remarks Mother and Child

days Well

...of the Board of Health to secure a full and cor-
...Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15342

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 24th November
4. Place of Birth (Street and Number) Albemarle Ln 28
5. Full Name of Mother Anna Ramsel
6. Mother's Maiden Name Anna Schneider
7. Mother's Birthplace Worms Germany
8. Full Name of Father Leopold Ramsel
9. Father's Occupation Saloon keeper
10. Father's Birthplace Minden Germany

Name of Medical Attendant, or other Person who makes this Return. W. F. Reinhard

Address 224 W Fayette Street

Remarks

Extract Regulations

rect Record of

That ... physician, accoucheur ... of Baltimore, shall ... of ... or children advise at the birth of any child ... within six days thereafter, stating distinctly the date of birth, sex, and ... of ... or children ... born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15343

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	November 24t 1876
4. Place of Birth (Street and Number)	31 n. Washington st.
5. Full Name of Mother	Kate Holland
6. Mother's Maiden Name	Kate Hyard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Holland
9. Father's Occupation	Worker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Marie L. Rudiger
Address	134 n. Bond St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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153114.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th November
4. Place of Birth (Street and Number)	123 Columbia Ave.
5. Full Name of Mother	Catherine Ann Baker
6. Mother's Maiden Name	" Malloy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John M. Baker
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Amelia Gerstenberger her gmo.
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15345

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 24th 1876
4. *Place of Birth (Street and Number)* No 239 Dallas st
5. *Full Name of Mother* Rosina Busky
6. *Mother's Maiden Name* Rosina Shicken
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Busky
9. *Father's Occupation* Care Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 E Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15346

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5te

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Nov. 21. 1876

4. *Place of Birth* (Street and Number) Forrest str W 50

5. *Full Name of Mother* Margaretha Friedel

6. *Mother's Maiden Name* Margaretha Bauer

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Joseph Friedel

9. *Father's Occupation* Kupper

10. *Father's Birthplace* Flammersbach Bayern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Baumbach

Address N. Wolf str No 28.

Remarks and wife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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16347

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 29
4. Place of Birth (Street and Number)	398 Hanover St
5. Full Name of Mother	Mary Cooper
6. Mother's Maiden Name	Mary Cavanaugh
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Cooper
9. Father's Occupation	Can maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss Ruth Ann Riggins
Address	368 Hanover Street.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

153118

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* November 24th 1876
4. *Place of Birth (Street and Number)* Low St No 93
5. *Full Name of Mother* Nina Damm
6. *Mother's Maiden Name* " Stumme
7. *Mother's Birthplace* Hanover Europe
8. *Full Name of Father* Conrad Damm
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Kurhessen Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Nelly

Address 48 Holland St Balto Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15349

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 24 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* November The 24th 1876
4. *Place of Birth* (Street and Number) 118 Washinton St
5. *Full Name of Mother* Eliza Donaughn
6. *Mother's Maiden Name* Eliza Hagues
7. *Mother's Birthplace* England
8. *Full Name of Father* Libid Donaughn
9. *Father's Occupation* Glass Maker
10. *Father's Birthplace* Alexandria Virginia

Name of Medical Attendant, or other Person who makes this Return. Hanner Burns

Address 212 Eastern Av

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Das Weite

1. Sex (state whether Male or Female) Ehlich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 24 November
4. Place of Birth (Street and Number) Chester Strit No 109
5. Full Name of Mother Sähre Härbig
6. Mother's Maiden Name Sähre Kelle
7. Mother's Birthplace Baltimor
8. Full Name of Father Friederich Härbig
9. Father's Occupation Müller
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Luckan

Address ~~[illegible]~~ Essex Strit No 10

Remarks ~~24~~ November den 24ten 1876

[illegible] Regulations of the Board of Health to secure a [illegible] rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15351

HEALTH DEPARTMENT JAN 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~Last~~ Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	November 24th 1871
4. Place of Birth (Street and Number)	178 North Calhoun -
5. Full Name of Mother	Zoo Rigby
6. Mother's Maiden Name	" Bunting -
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	J. Arthur Rigby
9. Father's Occupation	Insurance Broker
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J Harvey Hale M.D.
Address	119 Edmondson Avenue -
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15352

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child,

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 25 of November 1896,
4. *Place of Birth (Street and Number)* No 78 Cook st,
5. *Full Name of Mother* Rebecka Mantel,
6. *Mother's Maiden Name* Rebecka Schawrine
7. *Mother's Birthplace* in Baltimore,
8. *Full Name of Father* John Mantel,
9. *Father's Occupation* a Bucher
10. *Father's Birthplace* in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 25th

4. Place of Birth (Stree and Number) N. Eutaw st. No 173

5. Full Name of Mother Emma Richmond

6. Mother's Maiden Name Emma Hess

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Henry Richmond

9. Father's Occupation Stone Cutter

10. Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this Return. Dr. Baddenbohn M.D.

Address No 16 Columbia St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15354

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 25 1916
4. Place of Birth (Street and Number) 499 Harford Ave.
5. Full Name of Mother Henrietta Detrint
6. Mother's Maiden Name Henrietta Airey
7. Mother's Birthplace Pensylvania
8. Full Name of Father Theodore Detrint
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A G Watson

Address 434 North Central Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15355

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 25, 1870
4. Place of Birth (Street and Number)	No. 116 Duncan Alley
5. Full Name of Mother	Bridget Hudson
6. Mother's Maiden Name	———
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	George Hudson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	D. Connelly
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November the 25. 1876
4. *Place of Birth (Street and Number)* Bridgeley St. No. 54.
5. *Full Name of Mother* Ida Gabriel
6. *Mother's Maiden Name* Ida Seltzer.
7. *Mother's Birthplace* Danzig Fr. Preussen Germany
8. *Full Name of Father* Johann Gabriel
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Danzig. Fr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 25th
4. Place of Birth (Street and Number) 143 L Green St
5. Full Name of Mother Therese Sheadler
6. Mother's Maiden Name Sheadler
7. Mother's Birthplace Osterreich
8. Full Name of Father John Sheadler
9. Father's Occupation Laborer
10. Father's Birthplace Osterreich

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 Eutaw St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 25

4. Place of Birth (Street and Number) 452 Cross St

5. Full Name of Mother Emma Ntz

6. Mother's Maiden Name Baker

7. Mother's Birthplace Baker Baltimore

8. Full Name of Father Caspar Ntz

9. Father's Occupation Baker

10. Father's Birthplace Bavern

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 S Eutaw St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 of November
4. Place of Birth (Street and Number)	8 Hamburg St Balto Md
5. Full Name of Mother	Elsebeth Hines
6. Mother's Maiden Name	Elisebeth Smith
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry Hines
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Baltimor Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. R. Larkey
Address	115 Hamburg St
Remarks	all Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st, 2d,~~ 3d, &c.*)

1. Sex (*state whether ~~Male~~ or Female*)

2. Race or Color (*if not of the white race*) White

3. Date of Birth 25th November 1876.

4. Place of Birth (*Street and Number*) 67 Washington st.

5. Full Name of Mother Amanda M. Sullivan

6. Mother's Maiden Name Amanda M. Sires

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father Eugene Sullivan

9. Father's Occupation Copper Smith

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks This child was born after its Father's death.

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 25th 1876
4. *Place of Birth (Street and Number)* No 372 Gay st
5. *Full Name of Mother* Elizabeth Constance
6. *Mother's Maiden Name* Elizabeth Kirsch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Herman Constance
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hilleges

Address 152 E Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Eight Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Born Nov 25th 1876
4. Place of Birth (Street and Number) # 19 Butlers Alley
5. Full Name of Mother Annie Margaretha Roth.
6. Mother's Maiden Name Annie Margaretha Kundirfer
7. Mother's Birthplace Underrüsselbach. Landgerücht vs Graffenberg.
8. Full Name of Father John Roth
9. Father's Occupation Wheelwright
10. Father's Birthplace Lautenbach in Fürohtheim

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs M Arcny

Remarks No 32. Lieden hall Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15363

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JAN 15 1877
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 25th 1876
4. Place of Birth (Street and Number)	159 East Pl
5. Full Name of Mother	Sophia Hoffman
6. Mother's Maiden Name	" Distelbarth
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Julius Hoffman
9. Father's Occupation	Cook at Hotel
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell M D
Address	1½ S Exeter Pl
Remarks	

Extract Regulations of the Board of Health.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15364

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Nov 21st 1876

4. Place of Birth (Street and Number) 190 N. Broadway

5. Full Name of Mother Eliza E. Hall

6. Mother's Maiden Name " " Wise

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Reverdy Hall.

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Allwell

Address 286 McDonough St

Remarks

Extract Regulations of the Board of Health to assist in the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Bureau of Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	November 26th
4. Place of Birth (Street and Number)	27 Neighbor St
5. Full Name of Mother	Lizzie Clarke
6. Mother's Maiden Name	" Benson
7. Mother's Birthplace	Eastern Shore Md
8. Full Name of Father	Stephen A Clarke
9. Father's Occupation	Porter
10. Father's Birthplace	Queene Anne's Co Md
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M.D.
Address	166 E. Eager St
Remarks	

15366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 26th 1876.
4. Place of Birth (Street and Number)	380. w. Fayette St.
5. Full Name of Mother	Maria Bitter
6. Mother's Maiden Name	M. Kelt.
7. Mother's Birthplace	Bavaria Germany
8. Full Name of Father	Diedrich Bitter
9. Father's Occupation	Lithographer
10. Father's Birthplace	Bremen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Weiner
Address	36. Paul St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26th November 1876
4. *Place of Birth (Street and Number)* Baltimore, Ramsay Stret 132
5. *Full Name of Mother* Mary Biddison
6. *Mother's Maiden Name* Mary Miller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Biddison
9. *Father's Occupation* Paperhanger
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Mitchell

Address No 122 Parkin St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

VENTED DEPARTMENT NOV 27 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Last a boy
2. Race or Color (if not of the white race) White
3. Date of Birth born the 2nd of November 1876
4. Place of Birth (Street and Number) 88 North Washington St
5. Full Name of Mother Marian Penzinger
6. Mother's Maiden Name Marian Jefferson
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Jefferson
9. Father's Occupation Tinner
10. Father's Birthplace Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 11 North Chappelst p John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15369

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 26th/76
4. Place of Birth (Street and Number)	Eastern av No. 320
5. Full Name of Mother	Anny Anderson
6. Mother's Maiden Name	" Ebeisen
7. Mother's Birthplace	England
8. Full Name of Father	Henry Anderson
9. Father's Occupation	Engineer
10. Father's Birthplace	Harford Va
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schmitt
Address	Midwife
Remarks	320 Allice. Annast.

15370

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 26th 1876
4. Place of Birth (Street and Number)	75 Richmond St
5. Full Name of Mother	Mary Joseph
6. Mother's Maiden Name	" Cook
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Joseph
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charles Lownds M.D.
Address	59 Eastern Ave St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15371

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) North

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Brown Complexion
3. Date of Birth November 26th 1876
4. Place of Birth (Street and Number) Holiday Street few doors No 26
5. Full Name of Mother Maryelen Sheapard
6. Mother's Maiden Name " Savington
7. Mother's Birthplace Baltimore City
8. Full Name of Father Henry Sheapard
9. Father's Occupation Coachman
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address No 26 Hamilton St

Remarks The father has been dead months

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 26th 1876

4. Place of Birth (Street and Number) No 23 Ettinger St

5. Full Name of Mother Frances E Tuff

6. Mother's Maiden Name " " Jones

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Edward E Tuff

9. Father's Occupation Shoe Cutter

10. Father's Birthplace Lynn Massachusetts

Name of Medical Attendant, or other Person who makes this Return. R G Rider M D

Address Eg Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15373

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth November 26 1876

4. Place of Birth (Street and Number) With alley No. 12

5. Full Name of Mother lissey Hiltner

6. Mother's Maiden Name lissey yost

7. Mother's Birthplace hessen dom stot jamany

8. Full Name of Father john Hiltner

9. Father's Occupation tator

10. Father's Birthplace hessen dom stot jamany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Dumler 80 Lester St

Remarks

t Record of Vital Statistics in the City of Baltimore.

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or he birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, days thereafter, stating distinctly the date of birth, sex, and color of the child or children or their physical condition, whether still born or not, the full name, nativity, and residence parents, and the maiden name of the mother of such child or children.

153/11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* November 26th
4. *Place of Birth* (Street and Number) No 248 N. Gay st.
5. *Full Name of Mother* Anna Genso
6. *Mother's Maiden Name* Aeby
7. *Mother's Birthplace* Strasburg, Germany
8. *Full Name of Father* Friedrich Gottfried Genso
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Kleiber M D.

Address 222 N. Broadway.

Remarks

Extract from Regulations of Vital Statistics in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15375

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	26 Nov 1876
4. Place of Birth (Street and Number)	273 E Pratt St.
5. Full Name of Mother	Martha Bekermann
6. Mother's Maiden Name	" Winter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Bekermann
9. Father's Occupation	Tinmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrait Miller
Address	151 E Pratt
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 Nov 1876
4. *Place of Birth (Street and Number)* 5 Hog St.
5. *Full Name of Mother* Annie Milton
6. *Mother's Maiden Name* Inayo.
7. *Mother's Birthplace* U. States of America
8. *Full Name of Father* Wm Milton
9. *Father's Occupation* Sailor
10. *Father's Birthplace* U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper M.D.

Address 26 Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15377

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	26 Nov. 1876
4. Place of Birth (Street and Number)	15 Baltimore St.
5. Full Name of Mother	Helen Bachman
6. Mother's Maiden Name	" Deitz
7. Mother's Birthplace	Germany
8. Full Name of Father	Thomas Bachman
9. Father's Occupation	Restaurant Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carpenter
Address	526 E. Lombard
Remarks	

15378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether ~~Male or~~ Female)* ✓
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November the 26. 1876
4. *Place of Birth (Street and Number)* Albemarle St. No. 149.
5. *Full Name of Mother* Sophia Hilgemann
6. *Mother's Maiden Name* Sophia Bath.
7. *Mother's Birthplace* Storden. K. Preussen Germany
8. *Full Name of Father* Wilhelm Hilgemann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Rake. K. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15379

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 Nov
4. Place of Birth (Street and Number)	No 7. Race St
5. Full Name of Mother	Louise Schwaab
6. Mother's Maiden Name	Wentz
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Christian Schwaab
9. Father's Occupation	Cooper
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Jay Stein
Address	328 S Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15380

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th child

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth November 24 1874

4. Place of Birth (Street and Number) No 53 Gaither Balt

5. Full Name of Mother Mary Gaily

6. Mother's Maiden Name Mary Brien

7. Mother's Birthplace Balto Md

8. Full Name of Father Joseph Gaily

9. Father's Occupation Ship Carpenter

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Sullivan M D

Address 23 Franklin Balt

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 26th 96
4. *Place of Birth (Street and Number)* 126 Columbia St
5. *Full Name of Mother* Rebecca Manly
6. *Mother's Maiden Name* Moffet
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Wm G Manly
9. *Father's Occupation* Collar Maker
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Cinney

Address 76 Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 26th 1876

4. Place of Birth (Street and Number) No 353 Central Ave

5. Full Name of Mother Kate Luber

6. Mother's Maiden Name Kate Krieger

7. Mother's Birthplace Baltimore

8. Full Name of Father John Luber

9. Father's Occupation Tailor

10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address 182 Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15383

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 26. 1896.
4. Place of Birth (Street and Number)	199 E. Fayette St.
5. Full Name of Mother	Mary Eliz.th Beach
6. Mother's Maiden Name	Mary Elizth Flannigan
7. Mother's Birthplace	Maryland
8. Full Name of Father	William H. Beach
9. Father's Occupation	Bailiff City Court
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hinck M.D.
Address	95 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15384

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth November 26th
4. Place of Birth (Street and Number) No. 125 Saratoga Street
5. Full Name of Mother Lena Schroepfer
6. Mother's Maiden Name Lena Kirchner
7. Mother's Birthplace Germania
8. Full Name of Father Charles Gottfried Schroepfer
9. Father's Occupation Shoemaker
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Dumbler 46 Shorter

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 November
4. *Place of Birth (Street and Number)* 7 Somerset St
5. *Full Name of Mother* Anthonie Pluhar
6. *Mother's Maiden Name* " " Nova
7. *Mother's Birthplace* Radnic Bohemia
8. *Full Name of Father* W. Pluhar
9. *Father's Occupation* Cabinet Maeker
10. *Father's Birthplace* Prestie Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address N 20 Barnes St

Remarks

...ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15386

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Jewish race

3. Date of Birth November 26th 1876

4. Place of Birth (Street and Number) Low St 148

5. Full Name of Mother Jette Philippson

6. Mother's Maiden Name " Herzog

7. Mother's Birthplace New Haven Conn.

8. Full Name of Father Alexander Philippson

9. Father's Occupation Pedler.

10. Father's Birthplace Brennen Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ullig

Address 48 Holland St Balto City.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 17 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 26th 1876
4. *Place of Birth (Street and Number)* 325 Harford Av
5. *Full Name of Mother* Annie Beach
6. *Mother's Maiden Name* Annie Burgen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* W. J. Beach
9. *Father's Occupation* Photographer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Barringer

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 27th Nov ~~Baltimore~~ 1876
4. Place of Birth (Street and Number) Baltimore. Boyd street 136.
5. Full Name of Mother Susan Lebon
6. Mother's Maiden Name Susan Cathers
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Lebon
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Mitchell

Address 122 Parkin. Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 7te

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth Nov. 27. 1876

4. Place of Birth (Street and Number) N. Warschington str 115

5. Full Name of Mother Mary Osterkam

6. Mother's Maiden Name Mary Stengel

7. Mother's Birthplace Baltimore

8. Full Name of Father Eduard Osterkam

9. Father's Occupation Tailor

10. Father's Birthplace Friedland Holland

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address S Wolfstr. 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, [illegible]cheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15390

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	November 27th 1876
4. Place of Birth (Street and Number)	123 Eden St.
5. Full Name of Mother	Catherine Brawner
6. Mother's Maiden Name	Clark
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Brawner
9. Father's Occupation	Porter
10. Father's Birthplace	Chas. Co.
Name of Medical Attendant, or other Person who makes this Return.	A. E. Olin M. D.
Address	195 N. Eden St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 27th 1876
4. Place of Birth (Street and Number)	24 Hall Caroline 16
5. Full Name of Mother	Caroline Keever
6. Mother's Maiden Name	" " " Pensmith
7. Mother's Birthplace	Germany
8. Full Name of Father	August " Pensmith
9. Father's Occupation	" Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Gelzke
Address	35 South Bond St Balto Md
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 27 [illegible]

4. Place of Birth (Street and Number) Ridgely St. No 14.

5. Full Name of Mother Mary Williams

6. Mother's Maiden Name [illegible] Wright

7. Mother's Birthplace Virginia

8. Full Name of Father William H. Williams

9. Father's Occupation Brick Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible] Columbia St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novber 27th/76
4. Place of Birth (Street and Number)	Canton ave No 365
5. Full Name of Mother	Augusta Hellwig
6. Mother's Maiden Name	Dörfeld
7. Mother's Birthplace	Germ.
8. Full Name of Father	Fred. Hellwig
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germ
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allice Anna st.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1539 4

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	November 27th 1876.
4. Place of Birth (Street and Number)	West Street No 72.
5. Full Name of Mother	Margreth Thuman
6. Mother's Maiden Name	Margreth Banzer.
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Thuman
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Dorothea Brune.
Address	114 Battery Av.
Remarks	

15395

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth November 27th 1876.

4. Place of Birth (Street and Number) Light Street No 757

5. Full Name of Mother Magdalena Huber

6. Mother's Maiden Name Magdalena Kern

7. Mother's Birthplace Germany.

8. Full Name of Father Ernest Huber.

9. Father's Occupation Labor

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune.

Address 114 Battery Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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15396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth November 27. 1876

4. Place of Birth (Street and Number) 253 Alice ann. St.

5. Full Name of Mother Dorota Ma Lorek

6. Mother's Maiden Name Dorota Matecka

7. Mother's Birthplace Klecko.

8. Full Name of Father Martin Matecki

9. Father's Occupation —

10. Father's Birthplace Klecko

Name of Medical Attendant, or other Person who makes this Return. Mary Gitner

Address 245 Wolf St.

Remarks Ist gekorben 4 Nachmittag den 28 Novem 1876 auf Krönpffe

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 27th 1876
4. Place of Birth (Street and Number)	162 Burgundy St.
5. Full Name of Mother	Susan Arch
6. Mother's Maiden Name	Susan Summers
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	William Arch
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Benjn. Whiteley M.D.
Address	309 W. Fayette St.
Remarks	None

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15398

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 27th Novr. 76
4. Place of Birth (Street and Number) 218 E. Balt. N.
5. Full Name of Mother Sarah Murphy
6. Mother's Maiden Name Sarah Sollers
7. Mother's Birthplace Balto. Md.
8. Full Name of Father John V. Murphy
9. Father's Occupation Painting Supply Store
10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. John F. Montmorin M.D.

Address S.W. Colvert & Readler

Remarks

15399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	two
1. Sex (state whether Male or Female)	Female
2. ~~Race or Color (if not of the white race)~~	White
3. Date of Birth	Nov 27th 1876
4. Place of Birth (Street and Number)	Park Avenue
5. Full Name of Mother	Cath King
6. Mother's Maiden Name	Cath McMahons
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo King
9. Father's Occupation	Hostler
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	William Lee MD
Address	Eutaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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15400

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* November 27th 1876
4. *Place of Birth (Street and Number)* 136 Druid Hill ave Balto Md
5. *Full Name of Mother* Maggie Harris
6. *Mother's Maiden Name* Maggie Roy
7. *Mother's Birthplace* Scotland
8. *Full Name of Father* Joseph Harris
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Rosenzehl

Address 220 Preston St Balto Md

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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15401

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* November 27th 1876
4. *Place of Birth* (Street and Number) 194 French st Baltimore md
5. *Full Name of Mother* Kate Hook
6. *Mother's Maiden Name* Kate Dyer
7. *Mother's Birthplace* New York
8. *Full Name of Father* Joseph Hook
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore co Md

Name of Medical Attendant, or other Person who makes this Return. Annie Abesenzehl

Address 220 Preston st Balto Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex* (state whether Male or Female) male Child Colored
2. *Race or Color* (if not of the white race) of the Colored race
3. *Date of Birth* November the 27.1874
4. *Place of Birth* (Street and Number) Durham St 231 Baltimor m d
5. *Full Name of Mother* Rebecca Forbes
6. *Mother's Maiden Name* Rebecca Chapmon
7. *Mother's Birthplace* Talbot Co m d
8. *Full Name of Father* William Forbes
9. *Father's Occupation* hodcarer
10. *Father's Birthplace* Annrundle Co m d

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Eagle Star St. 130 Baltimore

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15403

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 27 - 1876

4. Place of Birth (Street and Number) 166 Lexington St

5. Full Name of Mother Anna E Seiner

6. Mother's Maiden Name " " Wright

7. Mother's Birthplace Dorchester Co Md

8. Full Name of Father Henry A Seiner

9. Father's Occupation Bartiff

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W L Rider Md

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

151104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1918

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th 11

1. *Sex (state whether Male or Female)* Girl 11
2. *Race or Color (if not of the white race)* White 11
3. *Date of Birth* 27 November
4. *Place of Birth (Street and Number)* 253 Aleksander Street
5. *Full Name of Mother* Dorotaja Lorek
6. *Mother's Maiden Name* Matecka
7. *Mother's Birthplace* Klecko Germany
8. *Full Name of Father* Martyn Matecky
9. *Father's Occupation* ~~Laborer~~
10. *Father's Birthplace* Klecko

Name of Medical Attendant, or other Person who makes this Return. Marie Gütter

Address Wolf Street 245

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

X5405

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 27 Nov 1876
4. *Place of Birth* (Street and Number) No 50 McMechen
5. *Full Name of Mother* Fannie Elizabeth Remore.
6. *Mother's Maiden Name* " " Fowler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Eugene Remore
9. *Father's Occupation* Car Builder
10. *Father's Birthplace* New York State.

Name of Medical Attendant, or other Person who makes this Return. Charles A Goeger. M.D.,

Address No. 267 Druid Hill Ave.

Remarks

15406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov the 27. 1876
4. Place of Birth (Street and Number) Focus Point Beasson St No 76
5. Full Name of Mother Sarah S. Chandler
6. Mother's Maiden Name Sarah S. Hawkins
7. Mother's Birthplace Baltimore City
8. Full Name of Father Jacob Chandler
9. Father's Occupation Brick Maker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Margret Ettel No 18 Cuba Street Locust Point

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	November 27th 1876
3. Date of Birth	
4. Place of Birth (Street and Number)	No 132 McElderry St
5. Full Name of Mother	Catharine Coulter
6. Mother's Maiden Name	Catharine Barranger
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John H. Coulter
9. Father's Occupation	Supt of Streets
10. Father's Birthplace	Annapolis Md
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	Mt Donogh St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

151108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 Nov. 1876
4. Place of Birth (Street and Number)	299 N. Eutaw St.
5. Full Name of Mother	Margaret M Ginnis
6. Mother's Maiden Name	Kennedy
7. Mother's Birthplace	Balt. City
8. Full Name of Father	[redacted] M Ginnis
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Balt City
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brewer
Address	201 W Bidle
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	November 28th 1881.
4. Place of Birth (Street and Number)	174 Conway Street
5. Full Name of Mother	Bertha Ermas
6. Mother's Maiden Name	B. Weyforth
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	B. Ermas
9. Father's Occupation	Expressman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D Sophia Meyer
Address	56 Balt St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 of November
4. Place of Birth (Street and Number)	West St N. 144
5. Full Name of Mother	Ida Welch
6. Mother's Maiden Name	Ida Baker
7. Mother's Birthplace	County Galloway
8. Full Name of Father	John Welch
9. Father's Occupation	Tailor
10. Father's Birthplace	County Galloway
Name of Medical Attendant, or other Person who makes this Return.	Mrs Marker
Address	West St No 12
Remarks	

RETURN OF A BIRTH.

No. 15411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 28th /76.
4. Place of Birth (Street and Number)	Spruce Alley No. 15
5. Full Name of Mother	Rosa Harris
6. Mother's Maiden Name	" Foster
7. Mother's Birthplace	Balto M.D.
8. Full Name of Father	James Harris
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto M.D.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Nidwife
Remarks	320 Allice Anna St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 28th " 1870
4. Place of Birth (Street and Number)	176 Conway
5. Full Name of Mother	Emma L. Leigh
6. Mother's Maiden Name	Emma L. Hayes
7. Mother's Birthplace	Virginia
8. Full Name of Father	James Leigh
9 Father's Occupation	agent
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Leo B Reynolds
Address	311 N. Calvert
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15413

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. November 29th 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* November 28th 1876.
4. *Place of Birth (Street and Number)* 107 Ducan Alley.
5. *Full Name of Mother* Katie Manns
6. *Mother's Maiden Name* Katie Finke
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* George Manns
9. *Father's Occupation* Schoemaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Arend

Address No 137 Wolfe St

Remarks —

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

154134

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 25 November

4. Place of Birth (Street and Number) 28 Caroline Street

5. Full Name of Mother Lizzette Elwitch

6. Mother's Maiden Name Braun

7. Mother's Birthplace Baltimore

8. Full Name of Father John Elwitch

9. Father's Occupation City Bill Poster

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Gravley Street

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15415

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Nov. 28th 1876
4. *Place of Birth* (Street and Number)	N. 194 Fort av.
5. *Full Name of Mother*	Mary Klappmeier
6. *Mother's Maiden Name*	Heuel
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Klappmeier
9. *Father's Occupation*	Cooper
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeyer midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

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15416

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	28 Jan 1875
4. Place of Birth (Street and Number)	8 Allen St.
5. Full Name of Mother	Alice Betsey
6. Mother's Maiden Name	Geoghan
7. Mother's Birthplace	United States of America
8. Full Name of Father	Daniel Betsey
9. Father's Occupation	Engineer
10. Father's Birthplace	United States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Culpepper
Address	326 E Lombard
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

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15417

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter White

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November the 28. 1876
4. *Place of Birth (Street and Number)* S. Carolina St. No. 140
5. *Full Name of Mother* Katharina Hübner
6. *Mother's Maiden Name* Katharina Doering
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Heinrich Hübner
9. *Father's Occupation* none
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No, 26.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 15418

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* October 28. 1876.
4. *Place of Birth* (Street and Number) 45 f. Granton ave.
5. *Full Name of Mother* Engleiter
6. *Mother's Maiden Name* Dinkler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Engleiter
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. Koch. M.D.

Address

Remarks everything o/k.

15419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Colord Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth 28 Nov. 1876
4. Place of Birth (Street and Number) 39 Jay Alley
5. Full Name of Mother Mary Davis
6. Mother's Maiden Name Mary Faust
7. Mother's Birthplace Richmond
8. Full Name of Father John Davis
9. Father's Occupation Drayman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Gardenia

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15420

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Nov 28th 1876
4. Place of Birth (Street and Number)	122 Stockton Alley
5. Full Name of Mother	Lizzie King
6. Mother's Maiden Name	" Tyler
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Wm. King
9. Father's Occupation	Laborer
10. Father's Birthplace	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Proctor
Address	10 Carlton St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 28th 1876.
4. Place of Birth (Street and Number)	418 E. Fayette, St.
5. Full Name of Mother	Mary Ann Mainster, Pipkins,
6. Mother's Maiden Name	Jacob Mainster
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	Balt. Md. Jacob Mainster,
9. Father's Occupation	Policeman
10. Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	C. Glanville, Rusk, Md.
Address	Balt. & Hart Sts.
Remarks	Natural,

rect Record of Vital Statistics in the City of Baltimore.

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Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15422

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 November
4. Place of Birth (Street and Number)	320 Thames St
5. Full Name of Mother	Anna Zahrada
6. Mother's Maiden Name	Peic
7. Mother's Birthplace	Iglesau - Bohemia
8. Full Name of Father	Fr Zahrada
9. Father's Occupation	Tailor
10. Father's Birthplace	Friedrich Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad.
Address	20 S Burris St
Remarks	

15423

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 29th 1876
4. Place of Birth (Street and Number)	44 Wheatcroft Ct
5. Full Name of Mother	Susan Virginia Thomas
6. Mother's Maiden Name	Sieber
7. Mother's Birthplace	Virginia
8. Full Name of Father	Albert E Thomas
9. Father's Occupation	Book Agent
10. Father's Birthplace	Frederick Co Md
Name of Medical Attendant, or other Person who makes this Return.	Elias C. Price M. D.
Address	262 Madison Av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

154211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29 November
4. *Place of Birth (Street and Number)* 15 Barnes St
5. *Full Name of Mother* Marie Bell
6. *Mother's Maiden Name* Thalin
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Wm Bell
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. J. Conrad.

Address 20 Barnes St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 29th 1876
4. Place of Birth (Street and Number)	No 306 Cross St
5. Full Name of Mother	Emile Gundiner
6. Mother's Maiden Name	Wemert
7. Mother's Birthplace	America
8. Full Name of Father	Louis Gundiner
9. Father's Occupation	Baar Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lopwasser midwife
Address	213 Cross St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15426

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 29th 9th P.M. 1876
4. Place of Birth (Street and Number) 458 E. Fayette
5. Full Name of Mother Jessie Shrieves Griffin
6. Mother's Maiden Name Jessie S. Bell
7. Mother's Birthplace Balt. City
8. Full Name of Father Richard Sylvain Griffin
9. Father's Occupation Conveyancer
10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. James E. Downille

Address 299 E. Balt. St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 of November
4. Place of Birth (Street and Number)	Scharp St. No. 347
5. Full Name of Mother	Mary Fallin
6. Mother's Maiden Name	Mary Scharnar
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Fallin
9. Father's Occupation	Mariner
10. Father's Birthplace	Richmond
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 125
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15425

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th September
4. Place of Birth (Street and Number)	Corner Johnson and Fress St
5. Full Name of Mother	Cassie Warner
6. Mother's Maiden Name	Cassie Jones
7. Mother's Birthplace	New Jersey
8. Full Name of Father	Reuben Warner
9. Father's Occupation	Laber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Starkie
Address	West St ck 125
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 November
4. Place of Birth (Street and Number)	84 McHenry St
5. Full Name of Mother	Katharine Maddin
6. Mother's Maiden Name	Wallace
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Maddin
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Frank J Shriner
Address	No 19 Forrest Place
Remarks	

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15430

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) Col
3. Date of Birth 29th Nov
4. Place of Birth (Street and Number) St Mary St
5. Full Name of Mother Mary H Davis
6. Mother's Maiden Name " Freeman
7. Mother's Birthplace Charles Co Md
8. Full Name of Father James Solomon Davis
9. Father's Occupation Laborer
10. Father's Birthplace Savannah Georgia

Name of Medical Attendant, or other Person who makes this Return. Sarah Duvall

Address 33 - Little Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

154-31

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	November 29th 1876
4. *Place of Birth* (Street and Number)	282 Mc Donough St
5. *Full Name of Mother*	Mary Mc Coleman
6. *Mother's Maiden Name*	" " Green
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Saml Coleman
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Attwell
Address	186 Mc Donough St
Remarks	

15432

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 27th 1866.
4. Place of Birth (Street and Number)	102 Jackson Sq. Ave.
5. Full Name of Mother	Annie E. Merchant
6. Mother's Maiden Name	" Foxwell
7. Mother's Birthplace	Balt. Md
8. Full Name of Father	John R. Merchant,
9. Father's Occupation	Mariner
10. Father's Birthplace	Matthews Co. Va.
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville, Rust M.D.
Address	Balt. & Wash. sts
Remarks	Natural,

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15433

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 5 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 29th. 1876
4. Place of Birth (Street and Number)	Front & Gay Sts.
5. Full Name of Mother	Sarah J. Banks
6. Mother's Maiden Name	" " Richardson
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	Geo. W. Banks,
9. Father's Occupation	Mariner
10. Father's Birthplace	N. Carolina
Name of Medical Attendant, or other Person who makes this Return.	G. G. Rusk M.D.
Address	Balt & Wash Sts.
Remarks	Natural,

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

154311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 29th 76

4. Place of Birth (Street and Number) 197 Conway St

5. Full Name of Mother Catherine Dolly

6. Mother's Maiden Name Rudolph

7. Mother's Birthplace Phila

8. Full Name of Father Frank Dolly

9. Father's Occupation Shoe Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J H Carney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

151133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 29th 1876
4. *Place of Birth (Street and Number)* No 182 E Monument st
5. *Full Name of Mother* Julia Fitzpatrick
6. *Mother's Maiden Name* Julia" Hillegeist
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Fitzpatrick
9. *Father's Occupation* Plumbing and Gas Fitter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dave Hillegeist

Address 182 E Monument st

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15436

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No. 1.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white race
3. Date of Birth	29th of November '76
4. Place of Birth (Street and Number)	No. 425 Saratoga Str.
5. Full Name of Mother	Emma Dorschel
6. Mother's Maiden Name	Müller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Herman Dorschel
9. Father's Occupation	Teacher.
10. Father's Birthplace	Kallenwestheim (Thuringa Germany)
Name of Medical Attendant, or other Person who makes this Return.	Anna Tumler
Address	Schroder Str. No. 60
Remarks	

15137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* November 30th 1876
4. *Place of Birth (Street and Number)* No 17 N. Howard St.
5. *Full Name of Mother* Helen M. Lewis.
6. *Mother's Maiden Name* Helen M. Curley.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry B. Lewis.
9. *Father's Occupation* Proprietor Temperance Restaurant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Records of Vital Statistics in the City of Baltimore.

15438

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White race
3. Date of Birth 30 of November 1876
4. Place of Birth (Street and Number) No 3. 76 Pencive avnew
5. Full Name of Mother ~~[illegible]~~ Metter Cune
6. Mother's Maiden Name Metter Popping
7. Mother's Birthplace in Geremny
8. Full Name of Father Jacoub Cune
9. Father's Occupation a Bucher,
10. Father's Birthplace in Germeny

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union st

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White race,
3. *Date of Birth* 30 of November 1876
4. *Place of Birth* (Street and Number) Nr 496 Fremount st
5. *Full Name of Mother* Laoria Whelia
6. *Mother's Maiden Name* Laoria Sellman
7. *Mother's Birthplace* in Pencivna
8. *Full Name of Father* Justine Whelia
9. *Father's Occupation* a Laborwork
10. *Father's Birthplace* in Bellimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address Nr 14 Union st.

Remarks

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

154110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 30th 1876
4. Place of Birth (Street and Number)	20 W. Pine St
5. Full Name of Mother	Ellen McDermott
6. Mother's Maiden Name	Ellen Fennan
7. Mother's Birthplace	Ireland
8. Full Name of Father	John McDermott
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter M.D.
Address	111 Greenmount Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 30th 1874
4. Place of Birth (Street and Number) 68 Richmond St
5. Full Name of Mother Anna E. Bauer
6. Mother's Maiden Name " " Kamm
7. Mother's Birthplace Germany
8. Full Name of Father Frederick Bauer
9. Father's Occupation Baker & Confectioner
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Charles Lounder M.D.

Address 59 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

151112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth (8th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 30 1876
4. Place of Birth (Street and Number)	No 90 Low St
5. Full Name of Mother	Louisa Wiemeyer
6. Mother's Maiden Name	Louisa Baxter
7. Mother's Birthplace	Germany
8. Full Name of Father	F. W. Wiemeyer
9. Father's Occupation	Basket Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Regina A Wynter
Address	198 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

151113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) One

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* 30th November
4. *Place of Birth* (*Street and Number*) Chestnut Alley 401.
5. *Full Name of Mother*
6. *Mother's Maiden Name* Catherine Richardson
7. *Mother's Birthplace* Berkeley County Virginia
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charlotte Wilson

Address 255 Rebecca St

Remarks Died from the effects

15 11 11 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) A Girl
2. Race or Color (if not of the white race) Color White
3. Date of Birth Born the 30th of November 1876
4. Place of Birth (Street and Number) 52 North Macedery Street
5. Full Name of Mother A Milia Huvert
6. Mother's Maiden Name A Milia Strasheimer
7. Mother's Birthplace Germany
8. Full Name of Father Fred Strasheimer
9. Father's Occupation Thasher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Oresentia Kunkel

Address 11 North Chappel St John Kunkel

Remarks Healthy

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15445

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6tes Chile

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November the 30, 1876
4. *Place of Birth (Street and Number)* N. Dallas St. No. 29.
5. *Full Name of Mother* Lizzie Hinkelmann
6. *Mother's Maiden Name* Lizzie Wittich
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Franz Hinkelmann
9. *Father's Occupation* none
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

154116

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 30
4. Place of Birth (Street and Number)	153 Bayard Av
5. Full Name of Mother	Minnie Weisgerber
6. Mother's Maiden Name	Becker
7. Mother's Birthplace	Prussia
8. Full Name of Father	Henry Weisgerber
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Shute
Address	328 S Eutaw St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13447

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Nov 30 d 1876
4. Place of Birth (Street and Number) No 326 Light st
5. Full Name of Mother Mary Meier
6. Mother's Maiden Name Bloemer
7. Mother's Birthplace Germany
8. Full Name of Father John Meier
9. Father's Occupation Cabnet maker
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwaster midwife

Address 213 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15448

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Ninth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth November the 30th
4. Place of Birth (Street and Number) locust point N-6 Cuba Street
5. Full Name of Mother Mary Anne Deny
6. Mother's Maiden Name Mary Anne Carlen
7. Mother's Birthplace London Derry Ireland
8. Full Name of Father Hugh Gibbons Deny
9. Father's Occupation boatmaker
10. Father's Birthplace Donegal Ireland

Name of Medical Attendant, or other Person who makes this Return. Margaret Mel

Address Cuba Street locust point

Remarks father Dead

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

151149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 one
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	30 November
4. Place of Birth (Street and Number)	245 E Durham St
5. Full Name of Mother	Henrietta Cole
6. Mother's Maiden Name	Henrietta Lees
7. Mother's Birthplace	W. Virginia
8. Full Name of Father	Charles Alexander Cole
9. Father's Occupation	Labor
10. Father's Birthplace	Balto County
Name of Medical Attendant, or other Person who makes this Return.	Mrs for ?
Address	
Remarks	

Baltimore November 30 1916

RETURN OF A BIRTH.

151150

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Two
	November 30th 1870
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 30th 1870
4. Place of Birth (Street and Number)	No 150 N. Eden St
5. Full Name of Mother	Savilla Wood
6. Mother's Maiden Name	Savilla Wharlman
7. Mother's Birthplace	Montgomery Co Pa
8. Full Name of Father	William Wood
9. Father's Occupation	Machinist
10. Father's Birthplace	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	Maria Gordan Mid Wife
Address	No 57 East St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

151154

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	November 30. 1876.
4. Place of Birth (Street and Number)	256 E. Eager St.
5. Full Name of Mother	Catherine Frazier.
6. Mother's Maiden Name	McCallister.
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Robert Frazier.
9. Father's Occupation	Book Agent.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Dr W. P. Morgan.
Address	175 Saratoga St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15452

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 28th 1876
4. Place of Birth (Street and Number)	No. 73 S. Bond
5. Full Name of Mother	Mary Heaphy
6. Mother's Maiden Name	Mary Connoley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Patrick Heaphy
9. Father's Occupation	Agent
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Rob. Mansfield M.D.
Address	114 S. Broadway
Remarks	

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within [illegible] days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15453

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4th) Fourth Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 30th of November 1876
4. Place of Birth (Street and Number) 201 Louisiana Avenue
5. Full Name of Mother Annie Kamm
6. Mother's Maiden Name Annie Weberberger
7. Mother's Birthplace Germany
8. Full Name of Father Henry Kamm
9. Father's Occupation Restaurant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Rice Habama

Address No 26. Frederick St. near Fayette St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

154511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov the 30th 1876
4. Place of Birth (Street and Number)	427 Canton ave
5. Full Name of Mother	Elizabeth Single
6. Mother's Maiden Name	" Schneider
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fredrick Single
9. Father's Occupation	Selling Oysters
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Fredrick Single
Address	
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within [illegible] days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15455

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 30th 1896
4. Place of Birth (Street and Number)	48 Dawn St.
5. Full Name of Mother	Maria Louise Drain.
6. Mother's Maiden Name	Maria Louise Brighton.
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Fisk Drain,
9. Father's Occupation	Bookkeeper.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hoeck M.D.
Address	756 Baltimore St
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3 1st Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 30th of November 1876 11 o'clock P.M.
4. Place of Birth (Street and Number) Baltimore City 466 Saratoga St
5. Full Name of Mother Margot Chambers
6. Mother's Maiden Name Margot Burnett
7. Mother's Birthplace Somerset County Maryland
8. Full Name of Father George Chambers
9. Father's Occupation Wagoner
10. Father's Birthplace Fredrick County Maryland

Name of Medical Attendant, or other Person who makes this Return. Catherine Sawyer

Address 373 West St Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 30 November
4. Place of Birth (Street and Number) 18 Hoch St.
5. Full Name of Mother Marie Kowska
6. Mother's Maiden Name Barbara
7. Mother's Birthplace Ritie Bohemia
8. Full Name of Father Josef Kowska
9. Father's Occupation Schermacher
10. Father's Birthplace Razan Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address Brezoberrow St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 30th 1876
4. Place of Birth (Street and Number)
5. Full Name of Mother Sarah C. Fosbenner
6. Mother's Maiden Name Sarah C. Sharbrook
7. Mother's Birthplace Baltimore
8. Full Name of Father W. F. Fosbenner
9. Father's Occupation Car Conductor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address 146 Hanover St

Remarks

Vice Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 1st 1876
4. *Place of Birth (Street and Number)* No 85 N. Ann st
5. *Full Name of Mother* Maria Reinhold
6. *Mother's Maiden Name* " Baumnest City
7. *Mother's Birthplace*
8. *Full Name of Father* Henry Reinhold
9. *Father's Occupation* weaver
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Buslmahr
Address 120 Bank str.
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15460

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 26 1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 1st 1876
4. Place of Birth (Street and Number)	No 75 S Regester str
5. Full Name of Mother	Catherina Schmueck
6. Mother's Maiden Name	Bauer
7. Mother's Birthplace	Germany
8. Full Name of Father	John Schmueck
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank str.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

15461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Collard
3. Date of Birth dec 1
4. Place of Birth (Street and Number) 28 short st
5. Full Name of Mother mary Elizabeth coffer
6. Mother's Maiden Name mary Elizabeth hargrave
7. Mother's Birthplace Baltimore
8. Full Name of Father James coffer
9. Father's Occupation calker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address no 32 short st

Remarks healthy child

[illegible] of Vital Statistics in the City of Baltimore.

The [illegible] physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE

RETURN OF A BIRTH.

151162

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	1st December 1876
4. Place of Birth (Street and Number)	52 E. Lombard St.
5. Full Name of Mother	Juana Martinez
6. Mother's Maiden Name	" Bolivi
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Martinez
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carpenter M.D.
Address	52 E. Lombard St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15463

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	1st December 1876
4. Place of Birth (Street and Number)	Highland Avenue
5. Full Name of Mother	Fanny Wagner
6. Mother's Maiden Name	Horn
7. Mother's Birthplace	United States
8. Full Name of Father	Philip Wagner
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper Hood
Address	726 E. Lombard St.
Remarks	

Post Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1511.611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	1st December 1906
4. Place of Birth (Street and Number)	25 Gough St.
5. Full Name of Mother	Caroline Ayles
6. Mother's Maiden Name	Sager
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Ayles
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Draper M.D.
Address	520 Lombard St
Remarks	

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) rouskery

1. *Sex (state whether Male or Female)* in the Baltimore
2. *Race or Color (if not of the white race)* it is wite race
3. *Date of Birth* 1 presens 1876
4. *Place of Birth (Street and Number)* abad st 38
5. *Full Name of Mother* Mary saker
6. *Mother's Maiden Name* Mary Maseak
7. *Mother's Birthplace* rouskery
8. *Full Name of Father* joseph Maseak
9. *Father's Occupation* laborer
10. *Father's Birthplace* Chervrena

Name of Medical Attendant, or other Person who makes this Return.

Address first Child

Remarks

Mary Kuptish Medical

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15466

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Af Colord
3. Date of Birth Dec 1st 1876
4. Place of Birth (Street and Number) Baltimore, Lorm street No. 7
5. Full Name of Mother Drayceiler Cold
6. Mother's Maiden Name X X X
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James Cooper
9. Father's Occupation Labore
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Miss Lemritta Glasgow

Address

Remarks

15467

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JAN 10 1877

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Decem 1. 1876
4. Place of Birth (Street and Number)	448. W. Fayette St.
5. Full Name of Mother	Cora Estel Bullen
6. Mother's Maiden Name	Cora Estel Gaither
7. Mother's Birthplace	Anne Arundel County Md.
8. Full Name of Father	Simon Bullen
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Saml H. Henry M.D.
Address	198. Druid Hill Ave.
Remarks	

ect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15468

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
14
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* B
3. *Date of Birth* 1 Dec. 1876
4. *Place of Birth (Street and Number)* 77 Eastern Ave.
5. *Full Name of Mother* Lizzie Sterling
6. *Mother's Maiden Name* Whitesides
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Frederick Sterling
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller

Address 107 E. Eagle St.

Remarks

Real Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White " "
3. Date of Birth	December 2/76
4. Place of Birth (Street and Number)	Essex st No. 31
5. Full Name of Mother	Mandy Schah
6. Mother's Maiden Name	Mandy Rupert
7. Mother's Birthplace	Bator
8. Full Name of Father	Ambrose Schah
9. Father's Occupation	Carpenter
10. Father's Birthplace	Bator
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	320 Allicanna st

That any physician, accoucheur, midwife, or [illegible] charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15470

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth,

1. Sex (state whether Male or Female) Female,

2. Race or Color (if not of the white race) White,

3. Date of Birth December 2d 1876,

4. Place of Birth (Street and Number) 107 South Eden St.

5. Full Name of Mother Eliza Heaphy,

6. Mother's Maiden Name " Stapleton,

7. Mother's Birthplace Ireland,

8. Full Name of Father Michael Heaphy,

9. Father's Occupation Baggage Agent,

10. Father's Birthplace Ireland,

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address No. 5, Franklin St. Baltimore, Maryland

Remarks

Direct Record of Public Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

151471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 2nd 1876
4. *Place of Birth (Street and Number)* No 558 W. Baltimore St.
5. *Full Name of Mother* Mary E. Lawler
6. *Mother's Maiden Name* Mary E. Traft
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert J. Lawler
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace* Pikesville Balt^o. co.

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address 23 N. Liberty St.

Remarks

15472

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 2 nd
4. Place of Birth (Street and Number)	348 Sisquith St
5. Full Name of Mother	Angelica Hennig
6. Mother's Maiden Name	Angelica Hennig
7. Mother's Birthplace	Germany
8. Full Name of Father	Chas Hennig
9. Father's Occupation	Carter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cristina D Lauer
Address	173 Maryland Ave
Remarks	Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15473

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Wit
3. Date of Birth	2 of december
4. Place of Birth (Street and Number)	Johnson St No 180
5. Full Name of Mother	Mary Ann Basely
6. Mother's Maiden Name	Mary Ann Rogers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Basely
9. Father's Occupation	Caulker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St No 128
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15474

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. 5454

HEALTH DEPARTMENT DEC 7 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 2nd 1876
4. Place of Birth (Street and Number) No 201 Gough St
5. Full Name of Mother Alice J Gibson
6. Mother's Maiden Name Alice J Kirby
7. Mother's Birthplace Baltimore
8. Full Name of Father William M Gibson
9. Father's Occupation Brays Finisher
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Frey

Address 193 South Chester St

Remarks Healthy Child

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15475

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 7 1876

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth December 2 1876
4. Place of Birth (Street and Number) 29 Thames St
5. Full Name of Mother Margrate Amelia Lambert
6. Mother's Maiden Name Margrate Amelia Pierce
7. Mother's Birthplace Baltimore
8. Full Name of Father Eligah Lambert
9. Father's Occupation Carpanter
10. Father's Birthplace Amurandel County

Name of Medical Attendant, or other Person who makes this Return. Mrs Lousia Smith

Address The Child is healthy

Remarks name of Child, Dasey Elormore Lambert

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2 December
4. Place of Birth (Street and Number)	66 Central Ave
5. Full Name of Mother	Elizabeth Albert
6. Mother's Maiden Name	Blum
7. Mother's Birthplace	Germany
8. Full Name of Father	Sebastian Albert
9. Father's Occupation	None
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Vinson
Address	1070 Granby St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15477

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 2nd 1876
4. Place of Birth (Street and Number) 215 Hoffman St
5. Full Name of Mother Nora Carey
6. Mother's Maiden Name " Coale
7. Mother's Birthplace Baltimore
8. Full Name of Father Alex: Gibson Carey
9. Father's Occupation Commission Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. C. Williams

Address 201 Madison Ave

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 2nd of December
4. Place of Birth (Street and Number) No 9 Hudson Alley
5. Full Name of Mother Margaret Raymond
6. Mother's Maiden Name " Burbage
7. Mother's Birthplace Baltimore
8. Full Name of Father John Raymond
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15479

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 2nd day of December 1876
4. Place of Birth (Street and Number) 690. W. Baltimore St.
5. Full Name of Mother Johanne Schaefer
6. Mother's Maiden Name Johanne Gredt
7. Mother's Birthplace Schlitz. Gammey
8. Full Name of Father Henry Schaefer
9. Father's Occupation Lamps & Oil Store.
10. Father's Birthplace Bremen. Gammey.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Dunlop 60 Schorter

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15480

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Boie

2. Race or Color (if not of the white race) White

3. Date of Birth 2 December

4. Place of Birth (Street and Number) 40 Barnes St

5. Full Name of Mother L. Kunkel

6. Mother's Maiden Name Bainer

7. Mother's Birthplace Casen Hesen Germania

8. Full Name of Father L. Kunkel

9. Father's Occupation Laborer

10. Father's Birthplace Casen Hesen Germania

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnes St

Remarks

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

151181

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth December 2nd

4. Place of Birth (Street and Number) 418 E Madison Street

5. Full Name of Mother Josephine Reed

6. Mother's Maiden Name Upton

7. Mother's Birthplace Balto Co.

8. Full Name of Father William H. Reed

9. Father's Occupation Bootblack

10. Father's Birthplace Balto Co.

Name of Medical Attendant, or other Person who makes this Return. C. J. Kreuber M D

Address 222 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its (or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

151182

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 24th 1876
4. *Place of Birth (Street and Number)* 340 Howard street
5. *Full Name of Mother* Francis Jefferson
6. *Mother's Maiden Name* Francis Ellen Strong
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Samuel Jefferson
9. *Father's Occupation* whitewasher
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Hester Barkley Doctress

Address 83 Orchard street

Remarks

15465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* the 2d of December 1876
4. *Place of Birth (Street and Number)* No 6 Woodland st
5. *Full Name of Mother* Annie Kellhard
6. *Mother's Maiden Name* Annie Reinea
7. *Mother's Birthplace* is Franland
8. *Full Name of Father* Pratched Kellhard
9. *Father's Occupation* a Labler work
10. *Father's Birthplace* is Irelard

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelsdinger

Address No 14 Union st

Remarks

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

154811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
16
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White race
3. Date of Birth	December 3rd 1876
4. Place of Birth (Street and Number)	Washington St 506
5. Full Name of Mother	Francis Riesher
6. Mother's Maiden Name	" Karthoff
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Heidrich Rieshen
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Bremen Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Welty
Address	48 Holland St Balto City
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75485

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1st Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth December the 3d 1876

4. Place of Birth (Street and Number) No 142 Collington Avenue

5. Full Name of Mother Sarah J Smithey wilson

6. Mother's Maiden Name Sarah J Smithey

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles C: wilson

9. Father's Occupation City passenger car driver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address No 178 Chappel Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties of Vital Statistics Law in the City of Baltimore.

15486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

1101,

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 3d Child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* December the 3d 1876

4. *Place of Birth (Street and Number)* No 413 Canton Avenue

5. *Full Name of Mother* Hanna Kramar

6. *Mother's Maiden Name* Hanna Kramar Shermman

7. *Mother's Birthplace* Germany

8. *Full Name of Father* George Shermman

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary L Timms

Address No 178 Chappel Street

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15487

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dec 3rd 1.45 P.M. 1876
4. *Place of Birth* (Street and Number) 89 Jefferson St
5. *Full Name of Mother* Emma Jane Grape
6. *Mother's Maiden Name* Emma Jane Malone
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel Grape
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace* Balto, City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle

Address 199 E. Baltimore St

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

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Great Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

15488

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 3d 1876
4. Place of Birth (Street and Number)	No 68 Rose str
5. Full Name of Mother	Anna Dollwei
6. Mother's Maiden Name	Seifert.
7. Mother's Birthplace	City
8. Full Name of Father	Goetz Dollwei
9. Father's Occupation	Shipping Clerk
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank str
Remarks	

15489

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	December 3rd 1876
4. Place of Birth (Street and Number)	69 Ensor St
5. Full Name of Mother	Sarah E Porter
6. Mother's Maiden Name	" " Pugh
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wallace D Porter
9. Father's Occupation	Huckster
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	281 N Longh St
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15490

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether ~~Male or Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec ~~Dec~~ 3rd
4. *Place of Birth (Street and Number)* 248 S Paca St
5. *Full Name of Mother* Jno H Shriver
6. *Mother's Maiden Name* Toomey
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Joseph K Shriver
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Toomey

Address 76 S Paca St

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

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15491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	3d December 1876
4. Place of Birth (Street and Number)	44 Green St.
5. Full Name of Mother	Louisa Stewart
6. Mother's Maiden Name	" Schuster
7. Mother's Birthplace	United States
8. Full Name of Father	John Stewart
9. Father's Occupation	Black-Driver
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return	Sarah Cooper M.D.
Address	426 Lombard St.
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15492

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 3 rd 1876
4. Place of Birth (Street and Number)	No 93 Fort st
5. Full Name of Mother	Elise Fellner
6. Mother's Maiden Name	Foschne
7. Mother's Birthplace	Germany
8. Full Name of Father	Friedrich Fellner
9. Father's Occupation	Store keeper
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeyer midwife
Address	213 Cross st.
Remarks	

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11
1. Sex (state whether Male or Female)	Male and female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dicember 7th 3
4. Place of Birth (Street and Number)	Locust Point 46 Clement St
5. Full Name of Mother	Sophie - King
6. Mother's Maiden Name	Sophie Body
7. Mother's Birthplace	Germany
8. Full Name of Father	Jecoby King
9. Father's Occupation	Cooper
10. Father's Birthplace	Aberlendt
Name of Medical Attendant, or other Person who makes this Return.	Margret Ellis N° 13 Locust Pt
Address	Cube Street Locus Point
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Peer Record of Vital Statistics in the City of Baltimore.

MISSING
#15494

15495

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Dec 3th 1876
4. *Place of Birth (Street and Number)* Harrison St No 70
5. *Full Name of Mother* Radchel Mansbach
6. *Mother's Maiden Name* ~~Germany~~ Cohen
7. *Mother's Birthplace* Germanlar
8. *Full Name of Father* Leri Mansbach
9. *Father's Occupation* Clark
10. *Father's Birthplace* Germanlar

Name of Medical Attendant, or other Person who makes this Return. Miss Rees & Hebamme

Address No 26. W. Friedrichsstreit

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	~~white~~
3. Date of Birth	December 3rd
4. Place of Birth (Street and Number)	Frederick Str. No 20
5. Full Name of Mother	Augusta Goetz
6. Mother's Maiden Name	" Schwabenhausen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alfred Goetz
9. Father's Occupation	Painter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	L. Kriß Hebamme
Address	No 26 N. Friedrichstrit
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15497

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 3-96
4. Place of Birth (Street and Number)	132 N. Eutaw St.
5. Full Name of Mother	Mollie Shipley
6. Mother's Maiden Name	Burk
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Henry D. Shipley
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15498

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one Child

1. Sex (state whether Male or Female) Male Child
2. Race or Color (if not of the white race) of the Colord race
3. Date of Birth Decembor the 3·1876
4. Place of Birth (Street and Number) Durham St No 320
5. Full Name of Mother ~~Jane Chester~~
6. Mother's Maiden Name Jane Chester
7. Mother's Birthplace Quenanie Co M D
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Eggesstreet 130

Remarks

15499

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	December 3th 1876
4. Place of Birth (Street and Number)	No. 342 S. Sharp-Street
5. Full Name of Mother	Katharina Geidt
6. Mother's Maiden Name	Kirchhainer Katharina
7. Mother's Birthplace	Marburg Germany
8. Full Name of Father	Phillipp Geidt
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Marburg Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Fisher
Address	No 11 S. Eutaw St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15500

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
9
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Color
3. Date of Birth	Dec 3rd 1876
4. Place of Birth (Street and Number)	297½ ~~Emma Young~~ Hamburg St
5. Full Name of Mother	Emma Young
6. Mother's Maiden Name	
7. Mother's Birthplace	U S
8. Full Name of Father	Alfred Young
9. Father's Occupation	
10. Father's Birthplace	U. S.
Name of Medical Attendant, or other Person who makes this Return.	M Boulden
Address	313 S Eutaw Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15501

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Girl

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Died 3rd " 1876

4. *Place of Birth* (Street and Number) 170 N. Wilkins

5. *Full Name of Mother* ~~Catherine A Ryan~~ Kate Ryan

6. *Mother's Maiden Name* Kate Moran

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* Aylmer A Ryan

9 *Father's Occupation* Police

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address 34 N. Calvert

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Dec 3rd 1876
4. Place of Birth (Street and Number) 208 E. Lombard St
5. Full Name of Mother Margaret C. French
6. Mother's Maiden Name " " Butler
7. Mother's Birthplace Ireland " " "
8. Full Name of Father Thos L. French
9. Father's Occupation Book Keeper
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address 34 N Calvert

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 3 rd 1876
4. Place of Birth (Street and Number)	No 340 Charles st
5. Full Name of Mother	Mary Bidle
6. Mother's Maiden Name	Stuckart
7. Mother's Birthplace	Germany
8. Full Name of Father	Carl Bidle
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lehnasser midwife
Address	213 Cross st.
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

155011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	December 3d 1876
4. Place of Birth (Street and Number)	Somerset St 67
5. Full Name of Mother	Magneth Dreck
6. Mother's Maiden Name	" Geis
7. Mother's Birthplace	Kurhess Europe
8. Full Name of Father	Michael Dreck
9. Father's Occupation	Sailor
10. Father's Birthplace	Bayan Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Ulbig
Address	48 Holland St Balto Md
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15505

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
16
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Jewish race
3. Date of Birth	December 3d 1876
4. Place of Birth (Street and Number)	Spring St 137
5. Full Name of Mother	Hannah Buchs baum
6. Mother's Maiden Name	" Haas
7. Mother's Birthplace	Baden Europe
8. Full Name of Father	Ephraim Buchs baum
9. Father's Occupation	Butcher
10. Father's Birthplace	Bavern Europe
Name of Medical Attendant, or other Person who makes this Return.	Wm Boas M.D.
Address	148 Holland St City
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

f Child of Mother (state whether 1st, 2d, 3d, &c.)	Second,
x (state whether Male or Female)	Male,
ace or Color (if not of the white race)	White,
ate of Birth	December 3rd, 1876
Place of Birth (Street and Number)	28 West Monument Street
Full Name of Mother	Virginia Caroline Blanfax,
Mother's Maiden Name	Virginia Caroline Redwood,
Mother's Birthplace	Baltimore, Maryland,
ll Name of Father	Archibald Carlyle Blanfax,
ather's Occupation	Clerk,
ather's Birthplace	Fairfax County, Virginia,
Name of Medical Attendant, or other Person who makes this Return.	Professor William T. Howard,
Address	181 Madison Avenue,
Remarks	Child born before the physician arrived; a natural & quick labor.

15507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 3rd 1876
4. *Place of Birth (Street and Number)* No 34 New Church St.
5. *Full Name of Mother* Margarett Crabster
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Co.
8. *Full Name of Father* Unknown
9. *Father's Occupation* do
10. *Father's Birthplace* do

Name of Medical Attendant, or other Person who makes this Return Mrs Jane Winneberger

Address No 23 N. Liberty St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* Dec 4th 76.
4. *Place of Birth* (Street and Number) 917 W Balto St.
5. *Full Name of Mother* Dorcas H. Tennaman.
6. *Mother's Maiden Name* Dorcas H. Warfield.
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John T. Tennaman.
9. *Father's Occupation* Sewing Machine Agt
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. John I. R. Krozer, M.D.

Address

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15309

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 4th 1876
4. Place of Birth (Street and Number)	No 135 West st.
5. Full Name of Mother	Louise Heinse
6. Mother's Maiden Name	Deman
7. Mother's Birthplace	America
8. Full Name of Father	John Heinse
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmann midwife
Address	23 Cross st.
Remarks	

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15510

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~) 4

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth Dec 4th
4. Place of Birth (Street and Number) 29 Hillen St
5. Full Name of Mother Catherine Gibbons
6. Mother's Maiden Name " Reddington
7. Mother's Birthplace Ireland
8. Full Name of Father Peter Gibbons
9. Father's Occupation Engineer
10. Father's Birthplace London

Name of Medical Attendant, or other Person who makes this Return. A Tregd Sherzed M.D.

Address 11 S. Hugh St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec - 4 - '76.
4. Place of Birth (Street and Number)	536 Saratoga St.
5. Full Name of Mother	~~Kate Mc Gee~~ Kate Mc Gurk
6. Mother's Maiden Name	~~Gurk~~ Kate Mc Gee
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Mc Gurk
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sonia W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 4th 1876
4. Place of Birth (Street and Number)	Hamburg St No 85
5. Full Name of Mother	Ann Matilda Harison
6. Mother's Maiden Name	Ann Matilda Stair
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Champion Harison
9. Father's Occupation	painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Anderson
Address	No 92 Hamburg st
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 4 December
4. Place of Birth (Street and Number) 18 Liberty
5. Full Name of Mother Catherine Connolly
6. Mother's Maiden Name Reading
7. Mother's Birthplace Ireland
8. Full Name of Father Daniel Connolly
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address No 19 Forrest Place

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

155111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 4th 1876
4. Place of Birth (Street and Number)	No. 27 Guttmans all.
5. Full Name of Mother	Catherine Henkel
6. Mother's Maiden Name	Hildebrandt
7. Mother's Birthplace	Germany.
8. Full Name of Father	John Henkel
9. Father's Occupation	Box maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	213 Cross st. J. Schroeder midwife
Address	
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15515

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 16th 76
4. *Place of Birth (Street and Number)* 84 N Orchard Street
5. *Full Name of Mother* Mary Hadley
6. *Mother's Maiden Name* Mary Reynolds
7. *Mother's Birthplace* Carroll County Md.
8. *Full Name of Father* John A. Hadley
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester Bordley Doctress

Address 85 Orchard Street

Remarks

15516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 4
4. Place of Birth (Street and Number) Baltimore 64 Hanover St.
5. Full Name of Mother Mary Tang
6. Mother's Maiden Name Mary Meier
7. Mother's Birthplace Germannay
8. Full Name of Father Henry Tang
9. Father's Occupation Cooper
10. Father's Birthplace Germannay.

Name of Medical Attendant, or other Person who makes this Return. Miss Ruth ann Rigging

Address 368. Hanover Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15517

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 4th of December
4. Place of Birth (Street and Number) Cathedral St. N. number
5. Full Name of Mother Catherine Gosnell
6. Mother's Maiden Name Hentz
7. Mother's Birthplace Baltimore
8. Full Name of Father James Gosnell
9. Father's Occupation Well digger
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15518

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 4th of December
4. Place of Birth (Street and Number) Oakley St No 83
5. Full Name of Mother Isabella [illegible] Kelly
6. Mother's Maiden Name " " Benz
7. Mother's Birthplace Baltimore
8. Full Name of Father John Kelly
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15519

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* ~~White~~ Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 4th of December.
4. *Place of Birth (Street and Number)* At Mount Clare Depot Clifford Street
5. *Full Name of Mother* A. M. M. Seifert.
6. *Mother's Maiden Name* Gertrude Miller
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John Seifert.
9. *Father's Occupation* Street Iron Worker.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Katharine [illegible]

Address 439 West Lenox [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15520

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December 4 d 1876
4. *Place of Birth (Street and Number)* 131 N. Bond Steet
5. *Full Name of Mother* Ana Fessen
6. *Mother's Maiden Name* Ana Seller
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Julius Fessen
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond Steet

Remarks

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 4th September 1876
4. *Place of Birth (Street and Number)* 151 Columbia Street
5. *Full Name of Mother* Elisabeth Weigel
6. *Mother's Maiden Name* Elisabeth Mart
7. *Mother's Birthplace* Kurhessen Germany
8. *Full Name of Father* Wilhelm Weigel
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. ~~224 West Fayette Street~~ Dr. J. Reinhard

Address 224 West Fayette Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth December 5th 1876
4. Place of Birth (Street, and Number) No 198 Columbia Ave
5. Full Name of Mother Hattie B. Irvin
6. Mother's Maiden Name Hattie B. Sheilds
7. Mother's Birthplace Baltimore
8. Full Name of Father William A. Irvin
9. Father's Occupation Telegraph Operator
10. Father's Birthplace Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 5 December
4. Place of Birth (Street and Number) 48 Harford Ave
5. Full Name of Mother Mary I Murphy
6. Mother's Maiden Name Quinn
7. Mother's Birthplace Baltimore
8. Full Name of Father Patrick F Murphy
9. Father's Occupation Deputy Sheriff
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address No 19 Forrest ~~Street~~ Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 5 Dec 1870

4. Place of Birth (Street and Number) 181 Hudson st Canton

5. Full Name of Mother Marietta Hoffman

6. Mother's Maiden Name Marietta Miller

7. Mother's Birthplace Germany

8. Full Name of Father Henry H Hoffman

9. Father's Occupation House Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Tullens

Address 104 Curley st Canton

Remarks

15525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	—
3. Date of Birth	5th December 1876
4. Place of Birth (Street and Number)	55 Wolfe St
5. Full Name of Mother	Johanna Robran
6. Mother's Maiden Name	" Morgenroth
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Robran
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper per D.
Address	52 E. Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 5th 1816
4. Place of Birth (Street and Number)	No 11 Ray st.
5. Full Name of Mother	Gertrude Jordan
6. Mother's Maiden Name	Reiser
7. Mother's Birthplace	Germany.
8. Full Name of Father	Melcher Jordan
9. Father's Occupation	Dairy.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeyer midwife
Address	213 Cross st.
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

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15527

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth December 5th
4. Place of Birth (Street and Number) 92 Somerset St
5. Full Name of Mother Clara Brockmeyer
6. Mother's Maiden Name Clara Petri
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Brockmeyer
9. Father's Occupation Moulder
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Christian Lane

Address 173 Harford Av

Remarks

Healthy

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15528

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) —
3. Date of Birth 5th Dec. 76 –
4. Place of Birth (Street and Number) 107 Greenmount ave
5. Full Name of Mother Sara C. Wilson
6. Mother's Maiden Name " " Williams
7. Mother's Birthplace Md
8. Full Name of Father Wm H Wilson
9. Father's Occupation Conductor of C. R.W.
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. G L Tansyhill

Address 129 W Biddle

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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15529

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 5th 1876
4. Place of Birth (Street and Number) 467 N Fremont St
5. Full Name of Mother Mary E. Hewson
6. Mother's Maiden Name Carson
7. Mother's Birthplace Phila - Penn
8. Full Name of Father George P Hewson
9. Father's Occupation Surveyor
10. Father's Birthplace Penn

Name of Medical Attendant, or other Person who makes this Return. G H Carey

Address 26 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 5th 1876.

4. Place of Birth (Street and Number) Hanford road opposite duty [illegible]

5. Full Name of Mother Anna Markwalter

6. Mother's Maiden Name Anna Kordan

7. Mother's Birthplace Ireland

8. Full Name of Father John Markwalter

9. Father's Occupation Stonecutter

10. Father's Birthplace Switzerland

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt

Address No 181 N. Central avenue Lord South of Monument Street

Remarks All well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) #5

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 5th 1876
4. Place of Birth (Street and Number) No 110 Stirling St
5. Full Name of Mother Mary McLaughlin
6. Mother's Maiden Name Mary Gosthans
7. Mother's Birthplace Ireland
8. Full Name of Father Thomas McLaughlin
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dina Nilleguist

Address No 182 E Monument st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth December 5th 1876
4. Place of Birth (Street and Number) 110 Jasper street
5. Full Name of Mother Elizbath Hutton
6. Mother's Maiden Name Elizebath Sirk
7. Mother's Birthplace Baltimore City
8. Full Name of Father Bengeman Hutton
9. Father's Occupation ~~Baltimore City~~ Waiter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hester Bordley Doctress

Address 85 Orchard street

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 5. 1876
4. Place of Birth (Street and Number) Mod. Wolf st. No. 74
5. Full Name of Mother Margaretha Holdhaus
6. Mother's Maiden Name Margaretha Ohlies
7. Mother's Birthplace Baltimore
8. Full Name of Father Philip Holdhaus
9. Father's Occupation Tailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Raupach

Address South Wolf st. No. 23

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

155311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 5th 1876
4. *Place of Birth (Street and Number)* Cor John & St Paul sts
5. *Full Name of Mother* Esther Griffin Watkins
6. *Mother's Maiden Name* " " Halsted
7. *Mother's Birthplace* New York City
8. *Full Name of Father* Wilbur Fisher Watkins
9. *Father's Occupation* Preacher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. G. Williams

Address 201 Madison Ave

Remarks

15535

=1.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Sept 5th 1874
4. *Place of Birth* (Street and Number) 24 S. Oregon St.
5. *Full Name of Mother* Mary E Edwards
6. *Mother's Maiden Name* " " Wyley
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Chas T Edwards
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. H. L. Bice M.D.

Address 379 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 5 December

4. Place of Birth (Street and Number) 4 Abbott Str

5. Full Name of Mother Fr. Slivka

6. Mother's Maiden Name Hula

7. Mother's Birthplace Volenov Bohemia

8. Full Name of Father Jos. Slivka

9. Father's Occupation Laborer

10. Father's Birthplace Kovarov Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnet St

Remarks

Interior Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, ~~2d, 3d,~~ &c.*) .....

1. Sex (*state whether ~~Male~~ or Female*) .....

2. Race or Color (*if not of the white race*) White

3. Date of Birth Feb 5/76

4. Place of Birth (*Street and Number*) 7 E Hollins Street

5. Full Name of Mother Lizzie McKenna

6. Mother's Maiden Name Young

7. Mother's Birthplace Balto Md

8. Full Name of Father George Mc. Kenna

9. Father's Occupation Mechanic

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. H. L. Spencer M.D.

Address 375 W Lombard

Remarks .....

15538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 5th 1876.
4. *Place of Birth (Street and Number)* E. Pratt St. No 74
5. *Full Name of Mother* Emma Klein
6. *Mother's Maiden Name* Emma Hardini
7. *Mother's Birthplace* Dessau. Fürstenthum Anh. Dessau. Germany
8. *Full Name of Father* Johann Klein "
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Heinau b. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26. "

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
27
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 8th December
4. *Place of Birth* (Street and Number) W Fayette Street 222
5. *Full Name of Mother* Marie Francis Leath
6. *Mother's Maiden Name* Marie Francis Hunt
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William W. Leath
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Rockville. Montgomery County. Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr Ferdinand Reinhard

Address 24 West Fayette Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

155110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1877
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	First
1. Sex (~~state whether~~ Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th December
4. Place of Birth (Street and Number)	No 1111 N Calvert St
5. Full Name of Mother	Mary. Harris
6. Mother's Maiden Name	Mary Kuhn
7. Mother's Birthplace	Pa
8. Full Name of Father	Joseph Harris
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Rufus Buckler M D
Address	135 N Charles St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1355 III

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 6th 1876
4. Place of Birth (Street and Number)	No 180 S Broadway
5. Full Name of Mother	Matilda ~~Simon~~ Sinsheimer
6. Mother's Maiden Name	Matilda Neuberger
7. Mother's Birthplace	Germany
8. Full Name of Father	Simon Sinsheimer
9. Father's Occupation	Segar Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st
Remarks	

15542

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	December 6th 1876
4. Place of Birth (Street and Number)	891 Caroline St
5. Full Name of Mother	Agnes A Deharen
6. Mother's Maiden Name	" " King
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jesse G Deharen
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 N Donogh st
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, by the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

155418

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 6 Decemb. 1876
4. *Place of Birth (Street and Number)* 89½ E. Lombard St.
5. *Full Name of Mother* Wallburga Nielsen
6. *Mother's Maiden Name* Miller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Nielsen
9. *Father's Occupation* Sailor
10. *Name of Medical Attendant, or other Person who makes this Return.* Germany

Name of Medical Attendant, Mrs Sara Lapsen

Address 52 E. Lombard St

Remarks only 15 minutes life

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

155444

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~) 8th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth Dec, 6th 4 a.m.
4. Place of Birth (Street and Number) 69 Summerset St
5. Full Name of Mother Margaretta Trasq
6. Mother's Maiden Name " Gist
7. Mother's Birthplace Germany
8. Full Name of Father Micheal Trasq
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A Trego Shertzer M.D.

Address 11 S. High St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 1
4. Place of Birth (Street and Number)	54 Henrietta St.,
5. Full Name of Mother	Mary Jull
6. Mother's Maiden Name	Work
7. Mother's Birthplace	Maryland
8. Full Name of Father	Richard E. Jull
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre sts
Remarks	

15346

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 6th 1876

4. Place of Birth (Street and Number) No. Chappel St. 5 doors from Eager

5. Full Name of Mother Louisa Burmingham

6. Mother's Maiden Name Louisa Geffers

7. Mother's Birthplace Baltimore City

8. Full Name of Father Andrew Burmingham

9. Father's Occupation Broom maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No 181. N. Centre avenue 3 doors South Monument St

Remarks Both well.

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

155117

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 December 1876
4. Place of Birth (Street and Number)	Clements St. 9. Locust Point.
5. Full Name of Mother	Bettz Fischer.
6. Mother's Maiden Name	Bettz Heinemann
7. Mother's Birthplace	Germania.
8. Full Name of Father	Frederik Fischer
9. Father's Occupation	Blacksmith.
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Margaretha Erdel.
Address	Cuba Str. N. 9. Locust Point.
Remarks	

Section Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

155548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
15
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 th Dec 1876
4. Place of Birth (Street and Number)	94 Jefferson st
5. Full Name of Mother	Elizabeth Sister Tripp
6. Mother's Maiden Name	Elisabeth Sister.
7. Mother's Birthplace	Germany
8. Full Name of Father	John Tripp
9. Father's Occupation	Bakery
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Geo Walter
Address	92 E. Lombard
Remarks	

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15549

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December 6. 1876
4. *Place of Birth (Street and Number)* Hotzenstr. No 125
5. *Full Name of Mother* Mary Blischke
6. *Mother's Maiden Name* Mary Hippler
7. *Mother's Birthplace* Koenigheim Bayern
8. *Full Name of Father* Ludwig Blischke
9. *Father's Occupation* Pipmacker
10. *Father's Birthplace* Bauten Freistadt Prussia

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Baupach

Address South Wolfstr No 28

Remarks Midwife

...Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

No 15550

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 6th 1876
4. Place of Birth (Street and Number)	83 Biddle St
5. Full Name of Mother	Margaret Eschbach
6. Mother's Maiden Name	Margaret Enchisin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Leo Eschbach
9. Father's Occupation	Paver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	L. R. Uhler M.D
Address	234 W. Fayette St.
Remarks	

15531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third —
1. Sex (state whether Male or Female)	Female —
2. Race or Color (if not of the white race)	White —
3. Date of Birth	December 6th 1876
4. Place of Birth (Street and Number)	262 W. Lexington St
5. Full Name of Mother	Hannah Shafer
6. Mother's Maiden Name	Horn
7. Mother's Birthplace	Balto. City —
8. Full Name of Father	Jacob Shafer
9. Father's Occupation	Pork Packer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Samuel C. Knight M.D.
Address	112 N. Greene St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15552

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether ~~Male or~~ Female) ~~[illegible]~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 6th 1876
4. Place of Birth (Street and Number) 206 Aisquith St
5. Full Name of Mother Aristora Belenda Maxwell
6. Mother's Maiden Name Brome
7. Mother's Birthplace City
8. Full Name of Father John T. Maxwell
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. [illegible] M D

Address 189 Aisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	seventh
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 December
4. Place of Birth (Street and Number)	369 Eager St
5. Full Name of Mother	Lilli Hoffman
6. Mother's Maiden Name	Pohl
7. Mother's Birthplace	Neukirchen Germany
8. Full Name of Father	Otto Hoffman
9. Father's Occupation	Schneider
10. Father's Birthplace	Rural Germany
Name of Medical Attendant, or other Person who makes this Return.	D. Conrad
Address	20 Barnes St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

155334

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th white

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December the 6, 1870.
4. *Place of Birth (Street and Number)* Forrest St. No 142.
5. *Full Name of Mother* Henriette Brauch.
6. *Mother's Maiden Name* Henriette Trenlich
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles E. Brauch
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Schmalkalden K. Prussen Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address N. Pallas St, No. 26.

Remarks

15555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 20 1877
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 8th 1876
4. *Place of Birth (Street and Number)* Baltimore No 30 Moores Alley
5. *Full Name of Mother* Eliza Mason
6. *Mother's Maiden Name* Thomas
7. *Mother's Birthplace* Carroll Co Md
8. *Full Name of Father* Benjimen Mason
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) First-

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Decbr 7th 1876
4. *Place of Birth (Street and Number)* 38 Lemmon Avenue
5. *Full Name of Mother* Catherine Virginia Burk
6. *Mother's Maiden Name* Catherine Virginia Sullivan
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Mahlon Agustus Burk
9. *Father's Occupation* Ex fireman
10. *Father's Birthplace* Carroll County Md.

Name of Medical Attendant, or other Person who makes this Return. J. W. Connell M.D.

Address 494 W Fayette St-

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15557

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) A boy
2. Race or Color (if not of the white race) F Black
3. Date of Birth born the 7th of December 1876
4. Place of Birth (Street and Number) 414 North west Orleans st
5. Full Name of Mother Susana Leji
6. Mother's Maiden Name Susana Relig
7. Mother's Birthplace Virginia
8. Full Name of Father Isaak Relig
9. Father's Occupation Labor man
10. Father's Birthplace Carlstown

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 11 North Chappel st p John Kunkel

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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15558

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 7th 1876
4. Place of Birth (Street and Number) 465 N Gay st
5. Full Name of Mother Annie Reynolds
6. Mother's Maiden Name Annie Pruett
7. Mother's Birthplace Baltimore County
8. Full Name of Father John H. Reynolds
9. Father's Occupation Painter
10. Father's Birthplace Queen Anns County

Name of Medical Attendant, or other Person who makes this Return. Mrs. Catherine Leanahan

Address 84 N Liberty

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15559

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	7th December 1876.
4. Place of Birth (Street and Number)	125 Spring St
5. Full Name of Mother	Katherine Roth
6. Mother's Maiden Name	" Weber
7. Mother's Birthplace	Germany
8. Full Name of Father	John Roth
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper per Q.
Address	52 E. Lombard St.
Remarks	

15560

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Child,

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White race,
3. Date of Birth 7 of December 1876,
4. Place of Birth (Street and Number) No 11 Prudickell avenue
5. Full Name of Mother Carolina Dreseal,
6. Mother's Maiden Name Charolina Whidter
7. Mother's Birthplace in Germany.
8. Full Name of Father Gage Dreseal
9. Father's Occupation a Tailor work,
10. Father's Birthplace in Germany

Name of Medical Attendant, or other Person who makes this Return. Mid. wife Theresa Engelbinger

Address No 14 Union st

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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15561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 7th Dec.
4. Place of Birth (Street and Number) 54 S Howard
5. Full Name of Mother Christine Röhrmann
6. Mother's Maiden Name Meier
7. Mother's Birthplace Westminster
8. Full Name of Father Henry Rohrmann
9. Father's Occupation Merchant Taylor
10. Father's Birthplace Westphalen

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 S Eutaw St

Remarks Died 4 hours after birth

On weekness

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

11 15362

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	7 of December 1877
4. Place of Birth (Street and Number)	362 Alasam street
5. Full Name of Mother	Elena Mashe
6. Mother's Maiden Name	Lena Lenk
7. Mother's Birthplace	Germine
8. Full Name of Father	Adam Mashe
9. Father's Occupation	Tailor
10. Father's Birthplace	Germina
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park Avnue
Remarks	

15563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 7th 1876

4. Place of Birth (Street and Number) Highlington avenue 4 doors [illegible]

5. Full Name of Mother Katie A. Reese

6. Mother's Maiden Name Katie A. Fromm

7. Mother's Birthplace Hessen Hamburg Cassel Germany

8. Full Name of Father Martin G. Reese

9. Father's Occupation Butcher

10. Father's Birthplace Hessen Hamburg Cassel Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull

Address No. 181 N. Central avenue 2 doors. South Monument St.

Remarks All well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15564

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	7 December
4. *Place of Birth* (Street and Number)	116 Hamburg st
5. *Full Name of Mother*	anna . B. Watkins
6. *Mother's Maiden Name*	anna B Carkey
7. *Mother's Birthplace*	Baltimore MD
8. *Full Name of Father*	Samuel . R. Watkins
9. *Father's Occupation*	Sail Maker
10. *Father's Birthplace*	Baltimore : MD
Name of Medical Attendant, or other Person who makes this Return.	Geo M. K. Carkey
Address	116 Hamburg st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15565

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Dec 7 5
3. Date of Birth	White
4. Place of Birth (Street and Number)	371 Hamburg
5. Full Name of Mother	Augusta Liebert
6. Mother's Maiden Name	Lacke
7. Mother's Birthplace	Prussia
8. Full Name of Father	Jacob Liebert
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Hessendarmstadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Frost
Address	328 S Eutaw St
Remarks	Balt MD

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15566

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 7
4. Place of Birth (Street and Number)	419 Cross St
5. Full Name of Mother	Margaret Schleicher
6. Mother's Maiden Name	Hache
7. Mother's Birthplace	Baiern
8. Full Name of Father	John Schleicher
9. Father's Occupation	Machinist
10. Father's Birthplace	Neumarmstadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Shron
Address	328 S Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15567

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
16
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White race
3. Date of Birth	December 7th 1876
4. Place of Birth (Street and Number)	Caroline St 166
5. Full Name of Mother	Magdalena Pierson
6. Mother's Maiden Name	" Zahl
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Edgar Pierson
9. Father's Occupation	Paper Hanger
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Ulrich
Address	48 Holland St Balto Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15568

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 7th 1876
4. Place of Birth (Street and Number)	247 Eden Avenue
5. Full Name of Mother	Mary E. Brown
6. Mother's Maiden Name	Mary E Arney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm J. Brown
9. Father's Occupation	Superintendent office
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146. Hanover St
Remarks	

15569

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child,

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* 7th of December 1876.
4. *Place of Birth (Street and Number)* No 161 Wilson st
5. *Full Name of Mother* Susiasana Bighter
6. *Mother's Maiden Name* Susiasana Mentzter
7. *Mother's Birthplace* in Baltimore
8. *Full Name of Father* Charles Bighter
9. *Father's Occupation* a Schoemaker.
10. *Father's Birthplace* in Germeny.

Name of Medical Attendant, or other Person who makes this Return. Meidwife Teresa Eigelsbergen

Address No 14 Union st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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15570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 7th 1876
4. Place of Birth (Street and Number)	No. 155 Hamburg st.
5. Full Name of Mother	Mary Schwartz
6. Mother's Maiden Name	Siedling
7. Mother's Birthplace	America
8. Full Name of Father	August Schwartz
9. Father's Occupation	Box maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st.
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

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15571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* Dec. 7th 1876
4. *Place of Birth (Street and Number)* 1086 S. Caroline st Balto Md
5. *Full Name of Mother* Martha Washington Dyott
6. *Mother's Maiden Name* " " Fairbanks
7. *Mother's Birthplace* Talbot County Md
8. *Full Name of Father* James A Dyott
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Talbot County Md

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Moore M.D.

Address 1124 S Balto St

Remarks (Instrumental Delivery mother & child doing well)

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
14
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 7th 1876
4. Place of Birth (Street and Number)	No. 421. E. Lombard St.
5. Full Name of Mother	Hannah Brown
6. Mother's Maiden Name	" Nelson
7. Mother's Birthplace	Balto.
8. Full Name of Father	Geo. Brown.
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. W. Hannfield
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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15573

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 7 1876
4. Place of Birth (Street and Number) 7" pleasant alley
5. Full Name of Mother bridget 1/2" conclway
6. Mother's Maiden Name bridget macolay
7. Mother's Birthplace ireland
8. Full Name of Father edward conclay
9. Father's Occupation he was a Wter man + bin deaned 3 months
10. Father's Birthplace ireland 1 since 17 septembe

Name of Medical Attendant, or other Person who makes this Return. Rachel a gorrett

Address 435 alicean na St

Remarks

Correct Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

155711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 7th 1870.
4. Place of Birth (Street and Number)	135 N. Entaw
5. Full Name of Mother	Henrietta Mueller
6. Mother's Maiden Name	Baller
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles H. Mueller
9. Father's Occupation	Merchant.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	three
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Seventh
4. Place of Birth (Street and Number)	Bolton Street no 8
5. Full Name of Mother	Mary. Chen.
6. Mother's Maiden Name	Mary. Frankling
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	John L. Chen
9. Father's Occupation	Oyster Shocker
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Sarh. Smothe
Address	no 4 Branch alley
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* December 7th 1876

4. *Place of Birth (Street and Number)* 66 Mulberry St Balto Md

5. *Full Name of Mother* Julia Greshoff

6. *Mother's Maiden Name* Julia Kockling

7. *Mother's Birthplace* Germany

8. *Full Name of Father* F H Greshoff

9. *Father's Occupation* Goldsmith

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Meserehl

Address 220 Preston St Balto Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st.) First

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* Thursday, 7th day of December, 1876

4. *Place of Birth (Street and Number)* No. 323 Franklin Street

5. *Full Name of Mother* Caroline H. Van Order

6. *Mother's Maiden Name* Caroline H. Wade

7. *Mother's Birthplace* Baltimore, Md.

8. *Full Name of Father* Jno. H. H. Van Order

9. *Father's Occupation* Collar maker.

10. *Father's Birthplace* Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Dunker 60 Schroder

Remarks

Revised Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	7 of December
4. Place of Birth (Street and Number)	Johnson St N. 296.
5. Full Name of Mother	Mary Lyear.
6. Mother's Maiden Name	Mary Bush
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Burkart Lyear
9. Father's Occupation	Labor. Works.
10. Father's Birthplace	Kingsheme.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St N. 125
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 7th December

4. Place of Birth (Street and Number) 88 Broadway North

5. Full Name of Mother Julia Reisinger

6. Mother's Maiden Name Julia Dietrich

7. Mother's Birthplace Baltimore City

8. Full Name of Father Frederick Reisinger

9. Father's Occupation Confectionary

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A. Shultz

Address

Remarks Very Healthy

rect Record of Vital Statistics in the City of Baltimore.

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15550

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	December 7, 1896
4. Place of Birth (Street and Number)	49 E. Monument St
5. Full Name of Mother	Elizabeth Green Cochran
6. Mother's Maiden Name	Elizabeth Green Pendleton
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Perley R. Cochran.
9. Father's Occupation	Clerk
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	J. H. Hoack M.D.
Address	75 E. Baltimore St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dezember 7 d. 1886.
4. Place of Birth (Street and Number)	103 N. Chester Aud
5. Full Name of Mother	Christine Fromer
6. Mother's Maiden Name	Chr. Flake
7. Mother's Birthplace	Germane
8. Full Name of Father	Martin Fromer
9. Father's Occupation	Saloon keeper
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 N. Bond Stret
Remarks	

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	7th
4. Place of Birth (Street and Number)	320 Alexander St
5. Full Name of Mother	Lizzie ribble
6. Mother's Maiden Name	Lizzie Shenck
7. Mother's Birthplace	germany
8. Full Name of Father	Levi ribble
9. Father's Occupation	Barkeeper
10. Father's Birthplace	germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Siemon
Address	70 granby St
Remarks	

That the Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15583

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 8 1876
4. *Place of Birth (Street and Number)* 89 Canal Alley
5. *Full Name of Mother* Mary L. Watkins
6. *Mother's Maiden Name* Mary L. Washington
7. *Mother's Birthplace* Boonstown, Baltimore County
8. *Full Name of Father* Daniel Watkins
9. *Father's Occupation* Forester
10. *Father's Birthplace* Belair Harford County

Name of Medical Attendant, or other Person who makes this Return. Hester Bosley

Address 87 Orchard Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 11 8
4. Place of Birth (Street and Number) No 4 Fort St Baltimore
5. Full Name of Mother Sahra Chaney
6. Mother's Maiden Name Sohra Jones
7. Mother's Birthplace Baltimore
8. Full Name of Father William Edward Chaney
9. Father's Occupation Boiler Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Ruth Ann Riggins

Address 368 Hanover Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 28 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 8th 8 A.M. Girl
4. Place of Birth (Street and Number) 341 N. Bond St
5. Full Name of Mother Annie Dawson Bishop
6. Mother's Maiden Name Annie Dawson Bishop
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thomas Johnson Bishop
9. Father's Occupation Associated Prep Oppirator
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E Dwinelle MD

Address 299 E. Baltimore St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
23
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	8th December
4. Place of Birth (Street and Number)	# 181. Sterling St.
5. Full Name of Mother	Mary Elizabeth Ayd
6. Mother's Maiden Name	" Kircher
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Ayd
9. Father's Occupation	Pharmacist & Chemist.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Morris, M.D.
Address	No. 5, Franklin St. Baltimore, Md.
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...ard of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

No. 15587

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OF BALTIMORE. DEC 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 8th 1876
4. Place of Birth (Street and Number)	Corner of Cantonav. & Spring St
5. Full Name of Mother	Anna Kirbel
6. Mother's Maiden Name	Thomas
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Kirbel
9. Father's Occupation	Laborer
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Fredrika Kaufman
Address	178 Eastern Ave
Remarks	

15588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Color of the Child Brownskin
3. Date of Birth	257 Orleans Street
4. Place of Birth (Street and Number)	December 8 1876
5. Full Name of Mother	Anna Julious
6. Mother's Maiden Name	Anna Davis
7. Mother's Birthplace	Middlesex County Va
8. Full Name of Father	Henry Julious
9. Father's Occupation	Occupation ~~[illegible]~~ Stiverd Lower
10. Father's Birthplace	& Savannah Georgia
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mid Wife Harriet Britton
Remarks	No 84 Mulliken St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Luisa Robinson

1. Sex (state whether Male or Female) Garil

2. Race or Color (if not of the white race) Color

3. Date of Birth On the 8 of December

4. Place of Birth (Street and Number) Spring St No 51

5. Full Name of Mother Luisa Robinson

6. Mother's Maiden Name Luisa Hulinth

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Henry Robinson

9. Father's Occupation Oyster Chorpour

10. Father's Birthplace Washington Dc

Name of Medical Attendant, or other Person who makes this Return. Mayer E Babbor

Address 51 Jackson St

Remarks Not [illegible] Ena

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec. 8th 1876.
4. Place of Birth (Street and Number)	310 Johnson St.
5. Full Name of Mother	Kate Kelly.
6. Mother's Maiden Name	" Brannon.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Jno Kelly.
9. Father's Occupation	Plasterer.
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	158 S. Sharp St.
Remarks	Child living.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 14 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Hanet Makel
1. Sex (state whether Male or Female)	Male child well and lusty
2. Race or Color (if not of the white race)	Male child colored
3. Date of Birth	Born december the 8 1876
4. Place of Birth (Street and Number)	No 3 Clarkes alley
5. Full Name of Mother	Hanet Makel
6. Mother's Maiden Name	Hanet Makel
7. Mother's Birthplace	plym point
8. Full Name of Father	Elloiet Mathews
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Nancy Longyes
Address	No 3 Belmon street
Remarks	She is well and child is well And Hardy Mother is washwoman

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 8th 452 Mulberry St
4. Place of Birth (Street and Number)	452 Mulberry St
5. Full Name of Mother	Jennie Frey.
6. Mother's Maiden Name	Jennie Cry.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wall H. Frey
9. Father's Occupation	Bookeeper
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15593

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8th of December
4. Place of Birth (Street and Number) Baltimore Butler St No 29
5. Full Name of Mother Mrs Bessie McPherson
6. Mother's Maiden Name Miss Bessie Murphy
7. Mother's Birthplace Newhampshire
8. Full Name of Father Robert McPherson
9. Father's Occupation Painter
10. Father's Birthplace Georgetown DC

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs M Strong

Remarks No 32 Lieutenant Wall Street.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15594

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (~~state whether Male or Female~~) Male.
2. *Race or Color* (if not of the white race) Black
3. *Date of Birth* Dec. 8th 1896.
4. *Place of Birth* (Street and Number) 105 S. Bethel St.
5. *Full Name of Mother* Maggie Banks.
6. *Mother's Maiden Name* Maggie Johnson
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* John Banks.
9. *Father's Occupation* Shucker
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard M.D.

Address 317 E. Balto St. Balto.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balt. Dec 11th 1876.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 8. 1876.
4. *Place of Birth (Street and Number)* N 85 Bank Str.
5. *Full Name of Mother* E. Franze
6. *Mother's Maiden Name* Rettner
7. *Mother's Birthplace* Balt.
8. *Full Name of Father* A. Franze
9. *Father's Occupation* Cannaker
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Thomas

Address N. 139 South Wolf Str.

Remarks -X-

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15596

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* ~~(state whether Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* December 8th 1876
4. *Place of Birth* (Street and Number) 296 Argyle Avenue
5. *Full Name of Mother* Margaret Maesh
6. *Mother's Maiden Name* " Karg
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Maesh
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lewis Fawcett

Address 92 Hoeher St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
9
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 8th
4. Place of Birth (Street and Number)	No 178 W. Lombard
5. Full Name of Mother	Mary E. Billings
6. Mother's Maiden Name	" " Pany
7. Mother's Birthplace	Balto city
8. Full Name of Father	Albert L. Billings
9. Father's Occupation	Plasterer
10. Father's Birthplace	Richmond Va
Name of Medical Attendant, or other Person who makes this Return.	L. C. Buckler M.D.
Address	141 Hanover St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) A Boy

2. Race or Color (if not of the white race) Color White

3. Date of Birth Born the 8th of December 1816

4. Place of Birth (Street and Number) 284 Northwest Asquith St

5. Full Name of Mother Mari Kres

6. Mother's Maiden Name Mari Herchiem

7. Mother's Birthplace Baltimore

8. Full Name of Father John Adam Herchiem

9. Father's Occupation Laborman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Oresen Siakunkel

Address 11 Wortle Lappel St for John Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15599

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	8th December 1876
4. Place of Birth (Street and Number)	65½ Canal St
5. Full Name of Mother	Ellen Clock
6. Mother's Maiden Name	" Fiam
7. Mother's Birthplace	Ireland
8. Full Name of Father	Phillip Clock
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper per G
Address	52 E Leonard St
Remarks	

Extract Regulations of the Board of Health to secure a f
rect Record of Vital Statistics in the City of Baltimo

That any physician, accoucheur, midwife, or other person in charge, who shall attend, a
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

15600

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) Male. John Thompson Shannon
2. Race or Color (if not of the white race) White.
3. Date of Birth Dec. 9th, 1876.
4. Place of Birth (Street and Number) 106 McCollough St.
5. Full Name of Mother Martha Shannon.
6. Mother's Maiden Name Bailey.
7. Mother's Birthplace Baltimore.
8. Full Name of Father John Shannon.
9. Father's Occupation Commission Merchant.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Dr. W. P. Morgan.

Address 175 Saratoga St.

Remarks Breech Presentation.

15601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	9th December 1876
4. Place of Birth (Street and Number)	22 Wolfe St
5. Full Name of Mother	Josephine Krieger
6. Mother's Maiden Name	Hannelan
7. Mother's Birthplace	Germany
8. Full Name of Father	August Krieger
9. Father's Occupation	Carpet Weaver
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper pe D
Address	52 E. Lombard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	—
3. Date of Birth	9th December 1876
4. Place of Birth (Street and Number)	41 E. Lombard St.
5. Full Name of Mother	Caroline Kaiser
6. Mother's Maiden Name	" Bahus
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm Kaiser
9. Father's Occupation	Gun smith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper per. D
Address	52 E. Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

— That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth December 7 1876
4. Place of Birth (Street and Number) 4 Elder Alley
5. Full Name of Mother Elizaleth Tuner
6. Mother's Maiden Name Elizaleth Colton
7. Mother's Birthplace Salisbury
8. Full Name of Father Jackson Tuner
9. Father's Occupation Waiter
10. Father's Birthplace Challeston Vaginnia

Name of Medical Attendant, or other Person who makes this Return. Hester Bordley Doctress

Address 85 Orchard Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15604

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four Children

1. Sex (state whether Male or Female) Last a Girl
2. Race or Color (if not of the white race) White
3. Date of Birth Born the 4 of December 1879
4. Place of Birth (Street and Number) North west corner of Chopstank and [illegible]
5. Full Name of Mother Louise Singwan
6. Mother's Maiden Name Louise Serbens
7. Mother's Birthplace Germany
8. Full Name of Father Frank Serbens
9. Father's Occupation Cigar maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North Chappel pr John Kunkel

Remarks Delegate

[illegible]xtract Regulations of the Board of [illegible] secure a full and cor[illegible]rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Dec. 9th
4. Place of Birth (Street and Number)	Eutaw & Mulberry sts
5. Full Name of Mother	[redacted] Rose Carnel
6. Mother's Maiden Name	
7. Mother's Birthplace	West-moral Virginia
8. Full Name of Father	John Venturn
9. Father's Occupation	Fireman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Amelia Robinson
Address	412. Peach Alley
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) white.
3. Date of Birth 9th December 1876.
4. Place of Birth (Street and Number) No. 12. Laylope St.
5. Full Name of Mother Mary Parck.
6. Mother's Maiden Name Mary Hissin.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Tommas Parcks.
9. Father's Occupation Laboror.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Horner.

Address No 29. Elezabeth Lane.

Remarks

Extract Regulation of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 9th 1876
4. Place of Birth (Street and Number) S. W. Cor. Choptank and Bank
5. Full Name of Mother Clara Ann McNamee
6. Mother's Maiden Name Clara Ann Elliott
7. Mother's Birthplace Anne Arundel Co. Md.
8. Full Name of Father James Peter McNamee
9. Father's Occupation Moulder
10. Father's Birthplace Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. G. Lawson Wilkins Md.

Address 77 So. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15608.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd "
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 9th 1876
4. Place of Birth (Street and Number)	41 N. Coll. Ave.
5. Full Name of Mother	Laura V. Peterson,
6. Mother's Maiden Name	" " Fales,
7. Mother's Birthplace	" Balt. " Md.
8. Full Name of Father	Wm F. Peterson,
9. Father's Occupation	" Clerk
10. Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	A. G. Rizer M.D.
Address	Balt & Frank. Sts.
Remarks	Saturn,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15699

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 1st 1876

4. Place of Birth (Street and Number) No 220 Eager st

5. Full Name of Mother Elizabeth Ruff

6. Mother's Maiden Name Elizabeth Remell

7. Mother's Birthplace Germany

8. Full Name of Father John Ruff

9. Father's Occupation Tailor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dena Hillyer st

Address 182 6 Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15610

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* December 9th 1876
4. *Place of Birth (Street and Number)* Emory St #68
5. *Full Name of Mother* Margeth Holzshaber
6. *Mother's Maiden Name* " Konrshild
7. *Mother's Birthplace* Bayers Europe
8. *Full Name of Father* Philip Holzshaber
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulle

Address 48 Holland St Balto Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 9
4. Place of Birth (Street and Number)	116 S Fulton
5. Full Name of Mother	Christine Bohl
6. Mother's Maiden Name	Schwardt
7. Mother's Birthplace	Baiern
8. Full Name of Father	Charles Bohl
9. Father's Occupation	Painter
10. Father's Birthplace	~~Charles~~ County Carroll
Name of Medical Attendant, or other Person who makes this Return.	Mary Koons
Address	398 S Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC. 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* December 9th 8.30 P.M. 1876.

4. *Place of Birth (Street and Number)* 41 Courtland St., Balto, Md.

5. *Full Name of Mother* Elizabeth B. Reantt

6. *Mother's Maiden Name* E B. Davis

7. *Mother's Birthplace* Delaware

8. *Full Name of Father* Francis Webster Reantt

9. *Father's Occupation* Com. Merchant

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Wm McNickerson, M.D.

Address 66 N Paca St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15613

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colerd
3. *Date of Birth* born 4th
4. *Place of Birth* (Street and Number) 206 Raborg Str
5. *Full Name of Mother* Eliza McConey
6. *Mother's Maiden Name* Eliza Anderson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph McConey
9. *Father's Occupation* Brickmakeing
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson doctress

Address 212 dover Str

Remarks every thing all right

15614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 6th

1. Sex (state whether Male or Female) Female healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 9th of Dec. 1876
4. Place of Birth (Street and Number) No 85 Freedonich Av.
5. Full Name of Mother Lizzie Eilingsfeld
6. Mother's Maiden Name L. Bayer
7. Mother's Birthplace born Pensylvania born U. S.
8. Full Name of Father John Eilingsfeld
9. Father's Occupation [illegible] Sattler
10. Father's Birthplace born in the City of Balto.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seckenrd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Ninth December
4. *Place of Birth (Street and Number)* 95 Lemen St
5. *Full Name of Mother* Mary Ellen McNabb
6. *Mother's Maiden Name* Mary E Graham
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert McNabb
9. *Father's Occupation* Lahrer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lindner

Address 115 Monroe St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 13 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2d of December
4. *Place of Birth (Street and Number)* No 22 Lorier St
5. *Full Name of Mother* Margret Flenny
6. *Mother's Maiden Name* Utz
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Chas. Flenny
9. *Father's Occupation* Wood Molding
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Anthe Lindner

Address No 45 Monroe St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Collerd
3. Date of Birth th 9 December
4. Place of Birth (Street and Number) No 64 dallis Street
5. Full Name of Mother Lumeser Carr
6. Mother's Maiden Name Lumeser Williams
7. Mother's Birthplace Baltimore
8. Full Name of Father William afford Car
9. Father's Occupation Couchmon
10. Father's Birthplace S Quinam County

Name of Medical Attendant, or other Person who makes this Return. Rosa Williams

Address No 70 Chemut Street

Remarks Mother And Child doing Well

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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15618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
14
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dezember 9 d. 1876
4. Place of Birth (Street and Number)	Kastel und. Washington Mallison Str.
5. Full Name of Mother	Lisete Talentien
6. Mother's Maiden Name	Lisete Kühling
7. Mother's Birthplace	Germane
8. Full Name of Father	Adlon Talendein
9. Father's Occupation	Putscher
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rindiger
Address	134 N. Bond Stret
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1870 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one Child

1. *Sex* (state whether Male or Female) Colord female Child
2. *Race or Color* (if not of the white race) of the Colord race
3. *Date of Birth* december the 9 1870
4. *Place of Birth* (Street and Number) Smith Gate No 1
5. *Full Name of Mother* Ann Maria Fletcher
6. *Mother's Maiden Name* Ann Maria Jowell
7. *Mother's Birthplace* Howard Co Md
8. *Full Name of Father* Theodore Fletcher
9. *Father's Occupation* Brick maker
10. *Father's Birthplace* Harford Co md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Regesster St 130

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second -
1. Sex (state whether Male or Female)	Male -
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 9th 1876
4. Place of Birth (Street and Number)	223 Franklin St.
5. Full Name of Mother	Emma Landstreet
6. Mother's Maiden Name	Towner
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Edward Landstreet
9. Father's Occupation	Merchant -
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel R. Knight M.D.
Address	112 N. Greene
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

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15621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	White
3. Date of Birth	Saturday, December 9th. 1876
4. Place of Birth (Street and Number)	# 41 Greenmount Avenue.
5. Full Name of Mother	Mary E. Flayhart
6. Mother's Maiden Name	Mary E. Cuny
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles M. Flayhart
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore. Md,
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton, M.D.
Address	# Office # 20½ Greenmount Avenue
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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15622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Dezember 9d. 1876
4. *Place of Birth (Street and Number)* 3 C1 Estern Ave.
5. *Full Name of Mother* Lena Gartner
6. *Mother's Maiden Name* L. Frank
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Friedrig Gartner
9. *Father's Occupation* Hatter
10. *Father's Birthplace* ~~Ger~~ Baltimor

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Rond Str.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 9th 1876
4. *Place of Birth (Street and Number)* No 111 Pine St.
5. *Full Name of Mother* Martha E. Dillow
6. *Mother's Maiden Name* Martha E. Nally
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John R. Dillow
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address 23 N. Liberty St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

156211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex (state whether Male or Female) Fem.

2. Race or Color (if not of the white race) br.

3. Date of Birth Dec 10. 1876.

4. Place of Birth (Street and Number) 181 Saratoga St.

5. Full Name of Mother Festela Ann Blake.

6. Mother's Maiden Name Bassley.

7. Mother's Birthplace Virginia.

8. Full Name of Father Edward Baldwin Blake.

9 Father's Occupation Commission Merchant,

10. Father's Birthplace Virginia.

Name of Medical Attendant, or other Person who makes this Return. Dr H. P. Morgan

Address 175 Saratoga St.

Remarks

Extract Regulations of the Board of Health to secure a Correct Record of Vital Statistics in the City of Baltimore.

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15623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
16
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Dec 10 1876
4. Place of Birth (Street and Number)	166 York st
5. Full Name of Mother	Martha Jane ~~Herbert~~ Herbert
6. Mother's Maiden Name	Martha Jane Jackson
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Richard Herbert
9. Father's Occupation	Barber
10. Father's Birthplace	Bladensburg Md
Name of Medical Attendant, or other Person who makes this Return.	Milly Grose
Address	181 York st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 6d

1. Sex (state whether Male or Female) Male healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 10th of Dec. 1876
4. Place of Birth (Street and Number) No. 945 West Pratt St.
5. Full Name of Mother Antoni Strumpy
6. Mother's Maiden Name A. Jacob
7. Mother's Birthplace born in Berlin Prussia Germany
8. Full Name of Father George Strumpy
9. Father's Occupation Capacer
10. Father's Birthplace born in Berlin G.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Miller

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 3te

1. Sex (state whether Male or Female) ~~Female~~ Male
2. Race or Color (if not of the white race) ~~White~~
3. Date of Birth 19 ~~November~~ 10th December 1876
4. Place of Birth (Street and Number) ~~Hotel~~ No. 12 Park Ave
5. Full Name of Mother Margareta Henriette Ruperti
6. Mother's Maiden Name Margareta Henriette Söker
7. Mother's Birthplace Zell, N. Germany
8. Full Name of Father John Anton Bernhard Ruperti.
9. Father's Occupation Book Binder
10. Father's Birthplace Zell, N. Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Sunbach

Address 439 West St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15629

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 10th 1876
4. Place of Birth (Street and Number)	164 Franklin St
5. Full Name of Mother	Jenny Reed Armor
6. Mother's Maiden Name	Jenny Reed Dixon
7. Mother's Birthplace	Ayr Scotland
8. Full Name of Father	Geo. L. Armor
9. Father's Occupation	Merchant
10. Father's Birthplace	Chestertown
Name of Medical Attendant, or other Person who makes this Return.	J. R. Abercrombie M.D.
Address	234 N. Fayette St
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 10th 1876
4. Place of Birth (Street and Number)	Cor Chestnut & Vivian
5. Full Name of Mother	Annie Kane
6. Mother's Maiden Name	O'Dowd
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Kane
9. Father's Occupation	Baker. Carrollton Hotel
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	C. E. Stein, M. D.
Address	195 N. Eden St.
Remarks	

Extract Regulations of the Board of Health to secure correct Record of Vital Statistics in the City of Baltimore.

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15630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d. 1
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	December 10th 1876.
4. Place of Birth (Street and Number)	Bird Street No. 17.
5. Full Name of Mother	Emilie Kohlhoff.
6. Mother's Maiden Name	Emelia Loetz
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Kohlhoff
9. Father's Occupation	Labor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Brune.
Address	114 Baltimore St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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15631

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) W
3. Date of Birth December 10 1876
4. Place of Birth (Street and Number) N 311 N. Stricker St Balt
5. Full Name of Mother May J Conrad
6. Mother's Maiden Name Mary J Sims
7. Mother's Birthplace Balt Md
8. Full Name of Father James M Conrad
9. Father's Occupation Merchant
10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin St Balt

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15632

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First —

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 10th 1876

4. Place of Birth (Street and Number) #584 Aisquith St

5. Full Name of Mother Matilda Simpson

6. Mother's Maiden Name Matilda Reynolds —

7. Mother's Birthplace Balto City Md

8. Full Name of Father William Simpson

9. Father's Occupation Coach Merchant —

10. Father's Birthplace Balto City Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 86 E Fayette St

Remarks

Extract Regulations of the Board of Health to secure [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~15002~~

15633

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 10th 1876
4. *Place of Birth (Street and Number)* No 59 Low st
5. *Full Name of Mother* Maggie Schneider
6. *Mother's Maiden Name* Maggie Auk
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Louis Schneider
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address 152 E Monument st

Remarks

156314

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
8
1877
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Dec 10 1874
4. *Place of Birth* (Street and Number) Cor Hillen & Forest
5. *Full Name of Mother* Ann Hesler
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Stephen Hasty
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Ireland

Name of Medical Attendant or other Person who makes this Return. Geo. B Reynolds

Address 43 North Calvert

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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15635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 10th 10 A.m.
4. Place of Birth (Street and Number)	167 S. Green S.
5. Full Name of Mother	Laura M. Hess
6. Mother's Maiden Name	Laura M. Davis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lewis H. Hess
9. Father's Occupation	Fireman R R
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M A Richmond
Address	183 Lee S.
Remarks	Died Dec. 10th 7 P.M.

Heart-disease born affected

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15636

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Melator. Female Marylnd
2. Race or Color (if not of the white race) Melator
3. Date of Birth December the 10 1876
4. Place of Birth (Street and Number) no 2 Stirling St
5. Full Name of Mother Mr Amandar. Ellin. Stewart
6. Mother's Maiden Name Amander Watkins
7. Mother's Birthplace ~~Annapolis~~ Longreen Baltimor counta
8. Full Name of Father Henry Warfild Stewart
9. Father's Occupation Water and Cohman and Leabet
10. Father's Birthplace Annapolis M. D

Name of Medical Attendant, or other Person who makes this Return. Mis Sopia Heines

Address no 135 Chesnut St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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15637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
22
1877
BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)	Third
1. Sex (~~state whether Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th Dec 1876
4. Place of Birth (Street and Number)	No 9 North Calvert St
5. Full Name of Mother	Laura Gambril
6. Mother's Maiden Name	Laura Webb
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Albert Gambril
9 Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ruffin Buckler
Address	135 N Charles St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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VII

15638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 26 1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 11th 1876
4. Place of Birth (Street and Number)	No 210 S Ann st
5. Full Name of Mother	Elizabeth Debus
6. Mother's Maiden Name	" Remert
7. Mother's Birthplace	City
8. Full Name of Father	Edward Debus
9. Father's Occupation	Mariner
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bustmann
Address	120 Bank st
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a prompt and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15639

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 December 1876
4. Place of Birth (Street and Number)	204 Charles st
5. Full Name of Mother	Carrie Smith
6. Mother's Maiden Name	Carrie Shueman
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Smith
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. R. Caskey
Address	115 Hamburg st
Remarks	

15640

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 10th 1876
4. Place of Birth (Street and Number) No 27 E. Ensor St.
5. Full Name of Mother Catherine D. Kunze
6. Mother's Maiden Name Catherine D. Baesler
7. Mother's Birthplace Wurtemburg Germany
8. Full Name of Father Frederick A. Kunze
9. Father's Occupation Cigarmaker
10. Father's Birthplace Sachsen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Bull

Address No. 171 N. Centre Avenue Cedar South Monument

Remarks All Well

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Dec. 10. 76
4. Place of Birth (Street and Number)	459 E. Eager St
5. Full Name of Mother	Ella
6. Mother's Maiden Name	Richardson
7. Mother's Birthplace	Balt
8. Full Name of Father	Wm. S. Grape
9. Father's Occupation	Bacon Dealer
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds and
Address	186 Aisquith St
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

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15642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 10th December 1876
4. Place of Birth (Street and Number) 35 High St.
5. Full Name of Mother Josephine McKinie
6. Mother's Maiden Name Murray
7. Mother's Birthplace U. States of America
8. Full Name of Father Henry McKinie
9. Father's Occupation Stevedore
10. Father's Birthplace U. States of America.

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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15643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 10 December 1876

4. Place of Birth (Street and Number) 49 Clough St.

5. Full Name of Mother Eve Graube

6. Mother's Maiden Name Uckenohl

7. Mother's Birthplace Germany

8. Full Name of Father Henry Graube

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper for E.

Address 52 E. Lombard St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

156411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 19 1876
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race),	
3. Date of Birth	11 December 1876
4. Place of Birth (Street and Number)	46 High St.
5. Full Name of Mother	Emma Butler
6. Mother's Maiden Name	Coffin
7. Mother's Birthplace	U. States of America
8. Full Name of Father	James Butler
9. Father's Occupation	Grocer
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper & G.
Address	536 Lombard St
Remarks	

Further Regulations of the Board of Health of the City of Baltimore.

Concerning the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 10th December 1876
4. *Place of Birth (Street and Number)* 193 Lombard St
5. *Full Name of Mother* Mary Smith
6. *Mother's Maiden Name* Conolly
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Christian Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper per P.

Address 52 E. Lombard St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 11te

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Dezemb. 10. 1876
4. Place of Birth (Street and Number) South Durham str No 2
5. Full Name of Mother Katharina Winck
6. Mother's Maiden Name Katharina Kossbu
7. Mother's Birthplace Steinberg Kur Hessen
8. Full Name of Father Johann Winck
9. Father's Occupation Tailor
10. Father's Birthplace Kur Hessen

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Pearpack

Address South Wolf str No 28

Remarks Midwife

Extract Regulations of the Board of Health of the Mother of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 19 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The sixth child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White.

3. *Date of Birth* december the 10th 1876

4. *Place of Birth (Street and Number)* No 5 Pleasant Alley

5. *Full Name of Mother* Anney knight Mchugh

6. *Mother's Maiden Name* Anney knight

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Laurence Mchugh

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address No 178 Chappel Street

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15648

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth December 10th 1876

4. Place of Birth (Street and Number) 94 Ramsay St

5. Full Name of Mother Mary Ann Shaw

6. Mother's Maiden Name Mary Ann Fonce

7. Mother's Birthplace Baltimore

8. Full Name of Father Samuel Henry Shaw

9. Father's Occupation Bricklayer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. ~~[illegible] W. Lombard~~

Address A. W. Colburn

Remarks 369 W. Lombard St

RETURN OF A BIRTH.

15649

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	colland
3. Date of Birth	dec 10
4. Place of Birth (Street and Number)	215 Eden st court
5. Full Name of Mother	Ellen [redacted] Darsey
6. Mother's Maiden Name	not married
7. Mother's Birthplace	Washington D.C. dc
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	mrs lear johnson
Address	no 32 short st
Remarks	healthy child

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15650

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 4th 1876.
4. Place of Birth (Street and Number)	28 S. Bond St.
5. Full Name of Mother	Catharine A. Edwards
6. Mother's Maiden Name	" " Golds borough
7. Mother's Birthplace	Chas. Co. Md.
8. Full Name of Father	David W. Edwards
9. Father's Occupation	Engineer
10. Father's Birthplace	Leesburg, Va.
Name of Medical Attendant, or other Person who makes this Return.	G. C. Rusk M.D.
Address	Balt. & Wash. St.
Remarks	Natural

15631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OFFICE
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	December 10th 1876
4. Place of Birth (Street and Number)	1120 Mulberry St
5. Full Name of Mother	Elizabeth A Nelson
6. Mother's Maiden Name	" " Green
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George W A Nelson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	281 Mc Donough st
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

Concerning Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
18
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 10th ~~Nov.~~ 1876

4. Place of Birth (Street and Number) 227 Jefferson St.

5. Full Name of Mother Mary Cornelia League

6. Mother's Maiden Name " " Clarke

7. Mother's Birthplace St. Mary's Co. Md.

8. Full Name of Father Albert Hamilton League

9 Father's Occupation Captain of Steam Boat

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. S. Sons M.D.

Address 406 E. Balto. St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15653

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 10
4. Place of Birth (Street and Number) Hollins Aby No 2
5. Full Name of Mother Kate McDonnell
6. Mother's Maiden Name Kate Ryen
7. Mother's Birthplace Ireland
8. Full Name of Father James McDonnell
9. Father's Occupation Deadceased
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McHenery St

Remarks Mother and baby doingengwell

Extract Regulations of the Board of Health of the Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixt

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 16th
4. Place of Birth (Street and Number) Forrest Street No. 41
5. Full Name of Mother Anna Levy
6. Mother's Maiden Name Japcowitz
7. Mother's Birthplace Russia
8. Full Name of Father Lazarus Levy
9. Father's Occupation Peddler
10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Bernstein

Address 11 East Lombard Street

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 11th 1876
4. Place of Birth (Street and Number) 112 Townsend St
5. Full Name of Mother Mary Clara Cole
6. Mother's Maiden Name Miller
7. Mother's Birthplace Balto City
8. Full Name of Father L Cole
9. Father's Occupation Farmer
10. Father's Birthplace Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. I H Carney

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord
3. Date of Birth December 11
4. Place of Birth (Street and Number) Baltimore millman
5. Full Name of Mother percler grace
6. Mother's Maiden Name percler Sillenan conty
7. Mother's Birthplace eastern Shore Baltimore
8. Full Name of Father hughgen grace
9. Father's Occupation oyster Shucker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address child mone

Remarks robert [illegible] pherlery [illegible]

Extract Regulations of the Board of Health to secure [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 11th Dec 1876

4. Place of Birth (Street and Number) 50 Disquit St.

5. Full Name of Mother Kate Portner

6. Mother's Maiden Name " Vogt

7. Mother's Birthplace Germany

8. Full Name of Father John Vogt

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraut Miller

Address 151 E Pratt

Remarks

...gulations of the Board of Health to ...

...ect Record of Vital Statistics in the City of Baltimore.

...t any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ...se at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Wäd'jen 3.d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 11th 1876
4. Place of Birth (Street and Number)	86. N. Frederick Str Baltimore Md
5. Full Name of Mother	Angelina Barsotti
6. Mother's Maiden Name	. . . . . Furcschi
7. Mother's Birthplace	Italy
8. Full Name of Father	Jacob. Barsotti.
9. Father's Occupation	Plaster Figure Maker
10. Father's Birthplace	Italy
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Fukschi
Address	1k Reiß Gebäude No 26 N Friedrichstraße
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 11th of Dec. 1876.
4. Place of Birth (Street and Number) 25 Willow St
5. Full Name of Mother Annie Dudley
6. Mother's Maiden Name Annie Gittings
7. Mother's Birthplace Baltimore City
8. Full Name of Father Joseph Dudley
9. Father's Occupation Huxter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Vatw

Address 125 Valentine St.

Remarks Oblige me for this Writing on account of the pen

Extract Regulations of the Board of Health to Secure Regular Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15660

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 11th 1876

4. Place of Birth (Street and Number) No 212 William St

5. Full Name of Mother Mary Keene

6. Mother's Maiden Name Mary Thomas

7. Mother's Birthplace Baltimore

8. Full Name of Father William Keene

9. Father's Occupation Rigour

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 92 Hamburg St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to be kept.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
14
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 & 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Dezember 11 th 1876
4. Place of Birth (Street and Number)	134 W. Bond Stret
5. Full Name of Mother	Wilhelmiene Fuchs
6. Mother's Maiden Name	Wilhelmiene Baer
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Georg Fuchs
9. Father's Occupation	Metzger Giser
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 W. Bond Stret
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one Chid one mother

1. *Sex* (state whether Male or Female) female Child
2. *Race or Color* (if not of the white race) of the Colord race
3. *Date of Birth* december the 11-18-76
4. *Place of Birth* (Street and Number) Durham St 319
5. *Full Name of Mother* Louisa Hopkins
6. *Mother's Maiden Name* Louisa Hopkins
7. *Mother's Birthplace* Norford Co m d
8. *Full Name of Father* Thomes Hopkins
9. *Father's Occupation* Labor
10. *Father's Birthplace* Dorchestor Co m d

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Regester St 130

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to the Office of Registrar of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth December 11th 1876
4. Place of Birth (Street and Number) 117 Pearl st Balto Md
5. Full Name of Mother Lizzie Riebeling
6. Mother's Maiden Name Lizzie Dippel
7. Mother's Birthplace Germany
8. Full Name of Father George H Riebeling
9. Father's Occupation Wood Carver
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Moserzehl

Address 220 Preston st Balto Md

Remarks Deformed

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15664

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 11 December
4. Place of Birth (Street and Number) 135 Pierce St
5. Full Name of Mother Barbara Reuwer
6. Mother's Maiden Name Neuberger
7. Mother's Birthplace Eichenbuhl Bayern
8. Full Name of Father Theodore Reuwer
9. Father's Occupation Confechner
10. Father's Birthplace Vorden Hanover

Name of Medical Attendant, or other Person who makes this Return. Mrs Damler 60 N Schroeder St

Address

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15665

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 9 1877 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 11th
4. Place of Birth (Street and Number) Cor Warner & West sts
5. Full Name of Mother Mary E. Kelly
6. Mother's Maiden Name " " Reesides
7. Mother's Birthplace Balto City
8. Full Name of Father Anthony Kelly
9. Father's Occupation Glassblower.
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch M D

Address 141 Hanover St

Remarks

Extract Regulations of the Board of Health of the Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 11th 1876.
4. Place of Birth (Street and Number)	265 Chestnut Alley
5. Full Name of Mother	Martha Vogelgesang
6. Mother's Maiden Name	M. Uhl.
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	Conrad Vogelgesang
9. Father's Occupation	Laborer
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Caroline
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 8te

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth Dezemb 11. 1876

4. Place of Birth (Street and Number) Nord Schoppelstr No 63

5. Full Name of Mother Josephine Bens

6. Mother's Maiden Name Josephine Schutte

7. Mother's Birthplace Haben Hanover

8. Full Name of Father Georg Bens

9. Father's Occupation Ingenieur

10. Father's Birthplace Emden O. Friedland

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Raupach

Address South Wolfstr No 28

Remarks Midwife

Extract Regulations of the Board of Health of the Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colord
3. Date of Birth dec 11
4. Place of Birth (Street and Number) 152 lapp rt
5. Full Name of Mother Elizabeth Grey
6. Mother's Maiden Name not married
7. Mother's Birthplace Washington dc
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address no 32 short

Remarks healthy child

Register Regulations of the Bureau of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15669.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male & Female.
2. Race or Color (if not of the white race) —
3. Date of Birth Dec. 11th 1876.
4. Place of Birth (Street and Number) 221 Battery Avenue.
5. Full Name of Mother Elizabeth Wagner.
6. Mother's Maiden Name " Felder.
7. Mother's Birthplace Balto. City.
8. Full Name of Father Henry Wagner.
9. Father's Occupation Cabinet Maker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address 158 S. Sharp St.

Remarks Twins. both living.

Extract Regulations of the Board of Health of the Registrar of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
18
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. Nov. 11th 1876
4. *Place of Birth (Street and Number)* 223 E. Pratt St.
5. *Full Name of Mother* Mary Caroline Bell
6. *Mother's Maiden Name* " " Bandell
7. *Mother's Birthplace* Harford Co. Md.
8. *Full Name of Father* William Wallace Bell
9. *Father's Occupation* Tobacco Merchant
10. *Father's Birthplace* Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return. E. P. Sons M.D.

Address 406. E Balto. St.

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15671

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th December
4. Place of Birth (Street and Number)	32 Harrison Street.
5. Full Name of Mother	Rosa Bukner
6. Mother's Maiden Name	Solomon
7. Mother's Birthplace	Poland
8. Full Name of Father	Hayman Bukner.
9. Father's Occupation	Shirtmaker
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Rosa C. Bernstein
Address	113 East Lombard Street
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15672

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 2 1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Blk
3. *Date of Birth* Dec 12. 76.
4. *Place of Birth* (Street and Number) 55 Vincent ab
5. *Full Name of Mother* Mary Louisa Wilson Gunn
6. *Mother's Maiden Name* Gunn
7. *Mother's Birthplace* Centreville Eastern Shore
8. *Full Name of Father* } Girl not Married
9. *Father's Occupation* }
10. *Father's Birthplace* }

Name of Medical Attendant, or other Person who makes this Return. Lewis M. Eastman

Address 34 Lexington St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Concerning Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Dec 12th 1876

4. Place of Birth (Street and Number) No 305 Orleans St

5. Full Name of Mother Francis B. Booth

6. Mother's Maiden Name Francis B Harris

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Henry A Booth

9. Father's Occupation Sign Painter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. City Lockman

Address 212 Mulliken St

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

Correct Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15674

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
[illegible]
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 12. 1876

4. Place of Birth (Street and Number) 409 Patterson Ave

5. Full Name of Mother Rosa G. McMullan

6. Mother's Maiden Name Rosa G. Blades

7. Mother's Birthplace Baltimore City

8. Full Name of Father W. C. McMullan

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. Tinsley M.D.

Address 404 N. Carey St

Remarks

Earliest Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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15675

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2nd Allaes Baymon

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Color ~~[illegible]~~
3. Date of Birth Dec 12th 1876 — Birth is hamlay law 3
4. Place of Birth (Street and Number) 23 Harmony ~~Lane~~ Bow in Baltimore
5. Full Name of Mother Alice Baymon } Millam Cassel
6. Mother's Maiden Name — } Cothmon
7. Mother's Birthplace Balt City } Bow in Baltimore
8. Full Name of Father Wm Cassel } St Shoes an He Bree
9. Father's Occupation Coachman
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Sarah Ann Hebrew

Address 23 Harmony Lane

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 12th 1876
4. Place of Birth (Street and Number)	No 724 Light st.
5. Full Name of Mother	Louise Walsch
6. Mother's Maiden Name	Gohlke
7. Mother's Birthplace	Germany
8. Full Name of Father	Fredrich Walsch
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J Lohwasser midwife
Address	215 Cross st.
Remarks	

Return of Registrar of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15677

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 12th 76
4. Place of Birth (Street and Number) 4 Wyethe St.
5. Full Name of Mother Mary Wipman
6. Mother's Maiden Name " Schlabecker
7. Mother's Birthplace Germany
8. Full Name of Father Christian Wipman
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Mrs

Address 379 W. Lombard St

Remarks

Extract Regulations of the Board of Health of the Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15678

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
9
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 13th
4. Place of Birth (Street and Number)	732 N. Ballo St
5. Full Name of Mother	Sarah E. Buck
6. Mother's Maiden Name	" " Hammett
7. Mother's Birthplace	St Mary's County Md
8. Full Name of Father	John D. Buck
9. Father's Occupation	Clerk
10. Father's Birthplace	Charles County Md
Name of Medical Attendant, or other Person who makes this Return.	L C Bruce M D
Address	141 Hanover St
Remarks	

Extract from Regulations of the Board of Health of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Born Dec 12 1876

1. *Sex (state whether Male or Female)* Female twins
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 12 December
4. *Place of Birth (Street and Number)* 46 Dugdill st
5. *Full Name of Mother* Eliza Washington
6. *Mother's Maiden Name* Eliza Butler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Washington
9. *Father's Occupation* ~~Coal~~ Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charles Wilson

Address No 32 forrest st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colud
3. *Date of Birth* December 12 1876
4. *Place of Birth (Street and Number)* 28 Bolton Street
5. *Full Name of Mother* Rebecca Pinkner
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Father* Non
9. *Father's Occupation* Non
10. *Father's Birthplace* Non

Name of Medical Attendant, or other Person who makes this Return. Non

Address 28 Bolton

Remarks

her Ann Brown

Extract from Ordinances of the Mayor and City Council of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 19 1876
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December th 12t 1876
4. Place of Birth (Street and Number)	84 Leadenhall Street
5. Full Name of Mother	Cathrina Voltmann
6. Mother's Maiden Name	" " " Keller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Voltmann
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	1

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 12th 1876
4. Place of Birth (Street and Number)	344 Sharp Street
5. Full Name of Mother	Maria Wippert
6. Mother's Maiden Name	" " Fiá
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Wippert
9. Father's Occupation	Shoemacker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathrina Münch
Address	74 Leadenhall Street
Remarks	

Earliest Registration of Births in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15683

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Bodrd of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	5th Child
1. Sex (*state whether Male or Female*)	Female
2. Race or Color (*if not of the white race*)	Colored
3. Date of Birth	Dec 12th 76
4. Place of Birth (*Street and Number*)	12 Vincent Alley
5. Full Name of Mother	Lizzie Green
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	John T. Green
9. Father's Occupation	Oyster Schucker
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Proctor
Address	10 Carlton St.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15684

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th
4. Place of Birth (Street and Number)	Cor of Vincent & S Mckenzie
5. Full Name of Mother	Mary Poley ~~Mary Malone~~
6. Mother's Maiden Name	Mary Malone
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Poley
9. Father's Occupation	Labor at Mount Clare
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	M. C. Lehman
Address	No ~~280~~ 380 West Mckenzie St.
Remarks	Seven Month Child

Extract Regulations of the Board of Health to Secure a Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15685

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
21
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th ch. Col.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	12th of December 1876
4. Place of Birth (Street and Number)	9 Harford Street No. 32.
5. Full Name of Mother	Hermine Huber
6. Mother's Maiden Name	Hermine Fiske
7. Mother's Birthplace	Königsberg Germany
8. Full Name of Father	Anton Huber
9. Father's Occupation	Laborer
10. Father's Birthplace	Elsasse Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Eitel, Mrs.
Address	
Remarks	

15686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC. 22. 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 12th 1876

4. Place of Birth (Street and Number) Monument st near Choptank

5. Full Name of Mother Bertha Wadeck

6. Mother's Maiden Name Bertha Eriloe.

7. Mother's Birthplace Germany

8. Full Name of Father Ferdinand Waldeck

9. Father's Occupation Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address 182 E. Monument street

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15687

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth -
1. Sex (state whether Male or Female)	Male -
2. Race or Color (if not of the white race)	White -
3. Date of Birth	December 12th 1876.
4. Place of Birth (Street and Number)	Argyle ave. & Biddle
5. Full Name of Mother	Annie E. Taylor
6. Mother's Maiden Name	Wilhelm
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	James W. Taylor
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. City -
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether/still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex (state whether Male or Female) ~~White race~~ Male
2. Race or Color (if not of the white race) White race
3. Date of Birth December 12th 1876
4. Place of Birth (Street and Number) Forrest St 320
5. Full Name of Mother Mary Boon
6. Mother's Maiden Name " Frank
7. Mother's Birthplace Bairn Europe
8. Full Name of Father Charles Boon
9. Father's Occupation Cart Driver
10. Father's Birthplace Darmstaadt Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Nelly

Address 48 Holland St

Remarks

Extract Registration of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC. 19 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female -
2. Race or Color (if not of the white race)	White -
3. Date of Birth	December 12 - 1876
4. Place of Birth (Street and Number)	N. E. Corner Park Ave & Mosher St.
5. Full Name of Mother	Olive Day —
6. Mother's Maiden Name	Olive Field
7. Mother's Birthplace	Portland, Maine
8. Full Name of Father	Geo. W. Day —
9. Father's Occupation	Packer Canned Goods —
10. Father's Birthplace	New York City
Name of Medical Attendant, or other Person who makes this Return.	John T. King
Address	Edmondson Ave —
Remarks	west of Carrollton Ave

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Incorrect Record of Vital Statistics

RETURN OF A BIRTH.

75690

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1877
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 17th 1876
4. Place of Birth (Street and Number)	25 Hamilton St
5. Full Name of Mother	Malvida Easton
6. Mother's Maiden Name	Malvinda Burton
7. Mother's Birthplace	Balto
8. Full Name of Father	Geo N Easton
9. Father's Occupation	Laborer
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	Thos Cooke M.D.
Address	146 Hanover st
Remarks	

15691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Dec 1876
4. Place of Birth (Street and Number)	842 W Baltimore St
5. Full Name of Mother	Alice Snowden
6. Mother's Maiden Name	Alice Russel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Snowden
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook MD.
Address	146. Hanover St
Remarks	

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15692

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13. of December
4. Place of Birth (Street and Number)	N. S. Abbott st.
5. Full Name of Mother	Anna Pazourek
6. Mother's Maiden Name	Anna Molek
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Peter Pazourek
9. Father's Occupation	Laberer
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Katerina Pazourek
Address	N. 30 Abbott st.
Remarks	Born Live

Extract Regulations of the Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Registration of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

W 15693

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Dec. 15th 1876

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Dec. 13th 1876.
4. Place of Birth (Street and Number) 24 Wolfe St.
5. Full Name of Mother Mary Cousins
6. Mother's Maiden Name Mary Devaney.
7. Mother's Birthplace America.
8. Full Name of Father James M. Cousins.
9. Father's Occupation Copper
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address 137 Wolfe St.

Remarks H.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15691

HEALTH DEPARTMENT DEC 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White races
3. *Date of Birth* the 13 of December 1876.
4. *Place of Birth (Street and Number)* No 30 Biddle Alley.
5. *Full Name of Mother* Mary Liffner
6. *Mother's Maiden Name* Mary Lester
7. *Mother's Birthplace* in Baltimore.
8. *Full Name of Father* George Liffner
9. *Father's Occupation* a Bar keeper.
10. *Father's Birthplace* in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engelsinger

Address No 14 Univer st

Remarks

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15695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 13 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	December 13th 1876.
4. Place of Birth (Street and Number)	Johnson street No 148.
5. Full Name of Mother	Margreth Schultz.
6. Mother's Maiden Name	Margreth Berger
7. Mother's Birthplace	Germany
8. Full Name of Father	Robert Schultz.
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Bruns.
Address	114 Battery Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15696
15696

HEALTH DEPARTMENT
DEC
15
1876
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* ——
3. *Date of Birth* December 13th 1876.
4. *Place of Birth (Street and Number)* Battery Av. No 220.
5. *Full Name of Mother* Louisa Jones.
6. *Mother's Maiden Name* Louisa Roth.
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Georg Jones
9. *Father's Occupation* Fisherman
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address 114 Battery Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15697

HEALTH DEPARTMENT JAN 6 1877 BALTIMORE.

1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December the 13th 1876
4. Place of Birth (Street and Number)	No 348 Canton Avenue
5. Full Name of Mother	Mary Roshammer holste
6. Mother's Maiden Name	Mary Roshammer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederick Holste
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Bremen
Name of Medical Attendant, or other Person who makes this Return.	Wm Mary Simms
Address	No 178 Chappel Street
Remarks	

15698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 13th 1876
4. Place of Birth (Street and Number) 198 Mosher St
5. Full Name of Mother Emma Bartlett Ashbury
6. Mother's Maiden Name Elmer
7. Mother's Birthplace New Ark N J
8. Full Name of Father Joseph Martin Ashbury
9. Father's Occupation Grocer
10. Father's Birthplace Matthews Co Va

Name of Medical Attendant, or other Person who makes this Return. Elias C Price M D.

Address 262 Madison Av

Remarks

Extract Registration of Vital Statistics in the City of Baltimore.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~First~~ Twelfth

1. Sex (state whether Male or Female) Mail
2. Race or Color (if not of the white race) White
3. Date of Birth December 13th 1876
4. Place of Birth (Street and Number) No. 506 Asquith St
5. Full Name of Mother Florantina Gutlarbet
6. Mother's Maiden Name F. " " " Atzal
7. Mother's Birthplace Sachwimer
8. Full Name of Father August Gutlarbet
9. Father's Occupation Cigarmaker
10. Father's Birthplace Sachwimer

Name of Medical Attendant, or other Person who makes this Return. Mrs M A Bull

Address No. 181 North Central ave. 3 doors South of Monument

Remarks All Well

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14-648 15700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 13th 1876
4. Place of Birth (Street and Number) No. 11 South Carrollton Ave
5. Full Name of Mother Emily Clayland
6. Mother's Maiden Name " Hendricks
7. Mother's Birthplace Queen Annes County Md
8. Full Name of Father Daniel L Clayland
9. Father's Occupation Policeman
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumbler

Address No. 60 North Schroeder St

Remarks Western cemetery
December 26
J B Cook 707 West Baltimore

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15702

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	M.
2. *Race or Color* (if not of the white race)	W.
3. *Date of Birth*	Dec. 13th 1876
4. *Place of Birth* (Street and Number)	305 E. Madison St.
5. *Full Name of Mother*	Florence Ferguson
6. *Mother's Maiden Name*	Balt
7. *Mother's Birthplace*	Sam'l Young
8. *Full Name of Father*	Carpenter
9. *Father's Occupation*	Balt
10. *Father's Birthplace*	H. F. Reynolds M.D.
Name of Medical Attendant, or other Person who makes this Return.	186 Aisquith St
Address	
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

15702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 10 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)* Black

3. *Date of Birth* Dec 9th "

4. *Place of Birth (Street and Number)* 50 Peach Alley

5. *Full Name of Mother* Annie Fisher

6. *Mother's Maiden Name* Annie Redman

7. *Mother's Birthplace* Dorchester Co

8. *Full Name of Father* William Fisher

9. *Father's Occupation* Carter

10. *Father's Birthplace* Kent Ireland

Name of Medical Attendant, or other Person who makes this Return. Amelia. Robinson

Address 42. Peach Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 first

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 13 December

4. Place of Birth (Street and Number) Baltimore City Beaters court

5. Full Name of Mother Martha Pinkney

6. Mother's Maiden Name Pinkney

7. Mother's Birthplace Montgomery Co

8. Full Name of Father John Pinkney

9. Father's Occupation Teacher

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Foot

Address Midwife

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13704

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 19 1876
BALTIMORE.

Name of child: Walter A. Cox Jr.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 ou
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 13th 1876
4. Place of Birth (Street and Number)	104 William St
5. Full Name of Mother	Carrie B. Cox
6. Mother's Maiden Name	Childs
7. Mother's Birthplace	Maryland
8. Full Name of Father	Walter A. Cox
9. Father's Occupation	Employed by B. & O. R.R.Co.
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hammond Barnes & Co
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 13th December 1876

4. Place of Birth (Street and Number) 33 Lombard St

5. Full Name of Mother Mary Schulz

6. Mother's Maiden Name Meyer

7. Mother's Birthplace U States of America

8. Full Name of Father Frederick Schulz

9. Father's Occupation Cigar manufacturer

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Sarah Cassperper D

Address 52 E Lombard St

Remarks

Extract Regulations of the Board of Health of the Registrar of Vital Statistics in the City of Baltimore.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 13 December 1876

4. Place of Birth (Street and Number) 433 Fayette St.

5. Full Name of Mother Barbara France

6. Mother's Maiden Name Hubman

7. Mother's Birthplace U States of America

8. Full Name of Father Geo. France

9. Father's Occupation Grocer

10. Father's Birthplace U States of America

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper for D.

Address 52 E. Lombard St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Wit
3. Date of Birth	13 of December
4. Place of Birth (Street and Number)	Johnson St
5. Full Name of Mother	Mary Stumer
6. Mother's Maiden Name	Mary Schaefer
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Conrad Stumer
9. Father's Occupation	Tubor
10. Father's Birthplace	Steuthe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St N 12
Remarks	

Extract Regulations of the Board of Health of the Mayor and Commissioners of the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 9th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Dezember 13. 1876
4. Place of Birth (Street and Number) Mathias Alley No 10
5. Full Name of Mother Barbara Philipp
6. Mother's Maiden Name Barbara Recklein
7. Mother's Birthplace Schoenbrun Beiern
8. Full Name of Father Johann Philipp
9. Father's Occupation Wurftworker
10. Father's Birthplace Schoenbrun Beiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johann Raupach

Address South Wolfste No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

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15709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) 1
3. Date of Birth Dec 13th, 1876
4. Place of Birth (Street and Number) No 27 Miller St
5. Full Name of Mother Anne Megreggor
6. Mother's Maiden Name Anne Gardner
7. Mother's Birthplace Ireland
8. Full Name of Father Robert Megreggor
9. Father's Occupation Blacksmith
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Guy

Address No 77 McCeldery St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15710

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC. 22. 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex (state whether Male or Female) B Male.
2. Race or Color (if not of the white race) White
3. Date of Birth December 13 1876
4. Place of Birth (Street and Number) Harford road no number
5. Full Name of Mother Barbara Raisar
6. Mother's Maiden Name Barbara Gatz.
7. Mother's Birthplace Germany
8. Full Name of Father George Raisar
9. Father's Occupation Beer Brewer
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 2 No 152 E. Monument street.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1571

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 13 1876
4. *Place of Birth (Street and Number)* No 52 Sterling street
5. *Full Name of Mother* Mary White
6. *Mother's Maiden Name* Mary Riley
7. *Mother's Birthplace* Pottsville Pa.
8. *Full Name of Father* Hannah White
9. *Father's Occupation* Silversmith.
10. *Father's Birthplace* Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. Hugo Hilligust

Address No 182 E Monument st.

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13712

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 13th 1876
4. Place of Birth (Street and Number)	17 Mellen St
5. Full Name of Mother	Delia Ann Hollen
6. Mother's Maiden Name	Delia Enright
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Geo. Jno Hollen
9. Father's Occupation	Accountant
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Silas H. Hunter M.D.
Address	111 Greenmount Ave
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 13 december

4. Place of Birth (Street and Number) 71 Hamvies Street

5. Full Name of Mother Mrs Williamine Schwarten

6. Mother's Maiden Name W. Bodwig

7. Mother's Birthplace Baltimore

8. Full Name of Father August Schwarten

9. Father's Occupation Holzstein Boxmaker

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

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15714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 13 December
4. Place of Birth (Street and Number) 113 Central Ave
5. Full Name of Mother Caroline McCaddin
6. Mother's Maiden Name Nitzel
7. Mother's Birthplace Baltimore County
8. Full Name of Father Robert McCaddin
9. Father's Occupation Coal Oil Refiner
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Virrula T Chrismer

Address No 19 Forrest Place

Remarks

Bureau of Registration of the Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Chr

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) W
3. Date of Birth December 13 1876
4. Place of Birth (Street and Number) No 317. McHenry St Balt
5. Full Name of Mother Emma Albaugh
6. Mother's Maiden Name Emma Marsh
7. Mother's Birthplace Balt Md
8. Full Name of Father Grafton Thos Albaugh
9. Father's Occupation Painter
10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Patterson M D

Address 23 Franklin St Balt

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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15716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
18
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13th December 1876
4. *Place of Birth (Street and Number)* No 52 Cambridge street
5. *Full Name of Mother* Mary Rankin
6. *Mother's Maiden Name* Mary Kain
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Peter Rankin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avenue

Remarks The child was found dead in bed on sunday

[redacted]

Correct Record of Vital Statistics in the City of Baltimore.

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15717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 a 1874

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 December
4. *Place of Birth (Street and Number)* No 75 Albmarle st
5. *Full Name of Mother* Annie Farrell
6. *Mother's Maiden Name* A Flemming
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick A Farrell
9. *Father's Occupation* Ship carpenter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Flemming

Address 97 Albmarle St

Remarks healthy

Extract Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
18
1876
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Five Children.
1. Sex (state whether Male or Female)	3 Males and 2 females.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	December 13th 1876
4. Place of Birth (Street and Number)	No 51 Marion St.
5. Full Name of Mother	Anna Stasia Spicer.
6. Mother's Maiden Name	Anna Stasia Mills
7. Mother's Birthplace	Frederick Co. Md.
8. Full Name of Father	Henry Aloysius Spicer
9. Father's Occupation	Janitor of Friends School and of Friends Meeting House
10. Father's Birthplace	Worcester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Ellen Stubs
Address	No 42 Little Sharp St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

13711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 13th of December 1876

4. Place of Birth (Street and Number) 235 Orleans St. near Broadway

5. Full Name of Mother Frances Virginia Glascoe

6. Mother's Maiden Name Frances Virginia Thomas

7. Mother's Birthplace Baltimore MD

8. Full Name of Father John Wrightson Glascoe

9. Father's Occupation Plasterer

10. Father's Birthplace Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Henrietta Glascoe

Address McElderry St Extended

Remarks

15720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec 13th 1876

4. Place of Birth (Street and Number) 122 Conway Street

5. Full Name of Mother Henrietta Gillespie

6. Mother's Maiden Name

7. Mother's Birthplace Accomac Co Va

8. Full Name of Father Isaac Gillespie

9. Father's Occupation Laborer

10. Father's Birthplace Accomac County Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas 71 Bonaparte Alley

Remarks

Extract Regulations of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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15721

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 13 Dec

4. Place of Birth (Street and Number) 370 Hanover

5. Full Name of Mother Louise Gunderman

6. Mother's Maiden Name Kratz

7. Mother's Birthplace Hessendarm Stadt

8. Full Name of Father Conrad Gunderman

9. Father's Occupation Taylor

10. Father's Birthplace Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Mary Krohn

Address 328 S Eutaw

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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15722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 13th 1876
4. Place of Birth (Street and Number) Fort St
5. Full Name of Mother Anna R Lycett
6. Mother's Maiden Name Anna R McNeil
7. Mother's Birthplace Ireland
8. Full Name of Father Mich^l Lycett
9. Father's Occupation Engineer
10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.

Address 146. Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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15723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 15 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Madjan

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) ~~December 14th 76~~
3. Date of Birth December 14th 1876
4. Place of Birth (Street and Number) No 42 North Frederick street
5. Full Name of Mother Sophie Imwald
6. Mother's Maiden Name " Bein
7. Mother's Birthplace Landwahrhagen Hannover
8. Full Name of Father Gerhard Henry Imwald
9. Father's Occupation Boot & Shoe Maker
10. Father's Birthplace Quakenbrück Hannover

Name of Medical Attendant, or other Person who makes this Return.

Address M Reiß Hebamme No 26 N Friedrichstrasse

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15,921

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
13
1876
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* December 14th 1876.

4. *Place of Birth (Street and Number)* Battery Av No 112.

5. *Full Name of Mother* Sarah E Sumnolly.

6. *Mother's Maiden Name* Sarah E Mooney.

7. *Mother's Birthplace* Richmond Va.

8. *Full Name of Father* Robert E Sumnolly.

9. *Father's Occupation* Salesman

10. *Father's Birthplace* Richmond. Va

Name of Medical Attendant, or other Person who makes this Return. Dorothea Breene

Address 114 Battery Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15726

1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Blk
3. *Date of Birth* Dec 14. 76.
4. *Place of Birth (Street and Number)* 189 Pierce st
5. *Full Name of Mother* Annie Maria Hart
6. *Mother's Maiden Name* Meekins
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Father* Andrew Hart
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Louis M. Eastman

Address 349 Lexington st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 2 1877 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 14th 1876
4. Place of Birth (Street and Number) 127 S Green St
5. Full Name of Mother Bebecelia McNortan
6. Mother's Maiden Name Craven
7. Mother's Birthplace Balto city
8. Full Name of Father Frank McNortan
9. Father's Occupation Hackman
10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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15727

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 19th 1876.
4. Place of Birth (Street and Number)	875. W. Baltimore Street.
5. Full Name of Mother	Christiana Knabs
6. Mother's Maiden Name	Ch. Schiermer
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Philip Knabs
9. Father's Occupation	Grocer
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15728

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 19 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 14 December 1876
4. Place of Birth (Street and Number) 58 Albemarle St.
5. Full Name of Mother Emma Collins
6. Mother's Maiden Name " Boyce
7. Mother's Birthplace Ireland
8. Full Name of Father Andrew Collins
9. Father's Occupation Sea-man
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper per B.

Address 526 E. Lombard St

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health of the Direct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

15729

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth 14th December 1876.

4. Place of Birth (Street and Number) 164 S. Broadway.

5. Full Name of Mother Ella Katz.

6. Mother's Maiden Name Ella Elliott.

7. Mother's Birthplace Chambersburg, Pennsylvania.

8. Full Name of Father Marcus Katz.

9. Father's Occupation Merchant.

10. Father's Birthplace Hessendarmstadt - Germany.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Daskiell

Address 207 N. Broadway.

Remarks Israelites

15730

RETURN OF A BIRTH.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 14 1876
4. Place of Birth (Street and Number) No 164 Madison st
5. Full Name of Mother Maggie Wennenberg
6. Mother's Maiden Name Maggie Schmit
7. Mother's Birthplace Germany
8. Full Name of Father John Wennenberg
9. Father's Occupation Watch maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegust

Address 182 E Monument st

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	December 14th 1876
4. Place of Birth (Street and Number)	Albemarle St. No. 11
5. Full Name of Mother	Rosanna Baier
6. Mother's Maiden Name	" Baumgarten
7. Mother's Birthplace	Prussia Europe
8. Full Name of Father	Godfred Baier
9. Father's Occupation	Tailor
10. Father's Birthplace	Prussia Europe
Name of Medical Attendant, or other Person who makes this Return.	Wm Rose M.D.
Address	48 Holliday St Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15732

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
18
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 14th 1876
4. Place of Birth (Street and Number)	# 156 Washington Ave
5. Full Name of Mother	Mary Elizabeth Fry
6. Mother's Maiden Name	Mary Elizabeth Whalen
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Patrick Fry
9. Father's Occupation	Laborer
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Gruff
Address	# 433 Alice Anne St
Remarks	

Further Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15733

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1876 BALTIMORE.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 14
4. Place of Birth (Street and Number) Baltimore Henrietta Street No. 79
5. Full Name of Mother Ellen Parson
6. Mother's Maiden Name " Connor
7. Mother's Birthplace Baltimore
8. Full Name of Father John Parson
9. Father's Occupation Machineist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Scarborough

Address No. 236 Montgomery Street

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Baltimore

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Light Brown skin
3. Date of Birth Dedsem Bor the 14 1916
4. Place of Birth (Street and Number) No. 18 N Spring St
5. Full Name of Mother Car Jane Washington
6. Mother's Maiden Name Car Jane tylor
7. Mother's Birthplace Onancock Vyt
8. Full Name of Father George W Washington
9. Father's Occupation Store Worker
10. Father's Birthplace sisel County Maryland

Name of Medical Attendant, or other Person who makes this Return. Alisanna Chas Crane

Address

Remarks

HEALTH DEPARTMENT BALTIMORE DEC 23 1876

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15736

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 9 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 15th, 1876
4. Place of Birth (Street and Number)	No 7 Randolph St
5. Full Name of Mother	Sarah Brower
6. Mother's Maiden Name	Sarah Jones
7. Mother's Birthplace	Penn
8. Full Name of Father	Rush Brower
9. Father's Occupation	Rail Road Man
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Dr A Bethell
Address	17 Hanover
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 10 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* January 15th 77
4. *Place of Birth (Street and Number)* 120 Durham St
5. *Full Name of Mother* Jane Connelly
6. *Mother's Maiden Name* Frances Connelly
7. *Mother's Birthplace* Balto. County, Md.
8. *Full Name of Father* Alfred Johnson.
9. *Father's Occupation* Waiter.
10. *Father's Birthplace* Balto. County, Md.

Name of Medical Attendant, or other Person who makes this Return. Frances Anderson.

Address No. 7 Jones Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 3 1877 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Color
3. Date of Birth	Dec the 15 1876
4. Place of Birth (Street and Number)	21 Philpot Alley
5. Full Name of Mother	Rachel Boston
6. Mother's Maiden Name	" " Fuller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Boston
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Caroline Wite
Address	Duglas St bettween East & Chesnut St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1877 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	december 1st
4. Place of Birth (Street and Number)	no 4 e valley
5. Full Name of Mother	rebecca jones
6. Mother's Maiden Name	rebecca smith
7. Mother's Birthplace	baltimore
8. Full Name of Father	walter jones
9. Father's Occupation	laborer
10. Father's Birthplace	colbert county
Name of Medical Attendant, or other Person who makes this Return.	mrs Lydia porter
Address	and mason assistant
Remarks	healthy child

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	18/-
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 15
4. Place of Birth (Street and Number)	429 N Gay St
5. Full Name of Mother	Elizabeth Neelson
6. Mother's Maiden Name	do Nippard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Neelson
9. Father's Occupation	Type caster
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. Whitridge M.D.
Address	Chas & Read Sts.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
26
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	December 15th 76.
4. Place of Birth (Street and Number)	11 Canal Street
5. Full Name of Mother	Bertha Muller
6. Mother's Maiden Name	B. Bear
7. Mother's Birthplace	Russian
8. Full Name of Father	Bernhardt Muller
9. Father's Occupation	Merchant
10. Father's Birthplace	Russian
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Canal Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

15711

HEALTH DEPARTMENT DEC 26 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 15th 1876
4. Place of Birth (Street and Number)	171 E Lombard st
5. Full Name of Mother	Ellen Jane Saunderside Murphy
6. Mother's Maiden Name	
7. Mother's Birthplace	City
8. Full Name of Father	Shaabe Saunderside
9. Father's Occupation	Turner
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Bank st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 15th 1876
4. Place of Birth (Street and Number) No 236 Preston St
5. Full Name of Mother Rosa Findt
6. Mother's Maiden Name Rosa Gentner
7. Mother's Birthplace Germany
8. Full Name of Father Gustavus Findt
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. S. Bowie M.D.

Address No 1 Edmondson Ave

Remarks

RETURN OF A BIRTH.

15711B

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth dec. 15th 1876

4. Place of Birth (Street and Number) 431 Penna. Ave

5. Full Name of Mother Alice A. Christian

6. Mother's Maiden Name Lawrence

7. Mother's Birthplace Annearundel Co. Md.

8. Full Name of Father J. H. Christian

9 Father's Occupation Physician

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M. D.

Address 431 Penna Ave.

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 22 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec 15th 1876
4. *Place of Birth (Street and Number)* 50 [illegible] Fayette St.
5. *Full Name of Mother* Charolette Vain
6. *Mother's Maiden Name* " Starkey
7. *Mother's Birthplace* W. Scott Vain [illegible]
8. *Full Name of Father* W. Scott Vain,
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rust M. D.

Address Balt. & Wash. Ro.

Remarks Natural,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd.
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec. 15th. 1876.
4. Place of Birth (Street and Number)	21 S. Patterson Park Ave.
5. Full Name of Mother	Mariana Rockwell
6. Mother's Maiden Name	" Keough,
7. Mother's Birthplace	Manchester, N. H.
8. Full Name of Father	Geo. P. Rockwell,
9. Father's Occupation	President Cedar Point Chemical Co.
10. Father's Birthplace	Boston, Mass.
Name of Medical Attendant, or other Person who makes this Return.	G. G. Rusk M. D.
Address	Balt. & Wash. Rds.
Remarks	Perinatal,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of ~~Child~~ of Mother (state whether 1st, 2d, 3d, &c.)	9th & 10th children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 15th 1876
4. Place of Birth (Street and Number)	150 George st.
5. Full Name of Mother	Sarah Linneweaver
6. Mother's Maiden Name	Sarah Emerick.
7. Mother's Birthplace	Balto City
8. Full Name of Father	Geo Linneweaver
9. Father's Occupation	Tinner
10. Father's Birthplace	Carroll Co
Name of Medical Attendant, or other Person who makes this Return.	Jethro T Pennington MD.
Address	98 N Green st.
Remarks	Twins one Vertex on Breech presentation

Extract Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Dec 15th 1876

4. Place of Birth (Street and Number) No 71 Portland st

5. Full Name of Mother Margaretha Hess

6. Mother's Maiden Name Schreier

7. Mother's Birthplace Germany

8. Full Name of Father Wilhelm Hess

9. Father's Occupation Cigar maker

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohrwasser midwife

Address 213 Cross st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 13 1876
4. Place of Birth (Street and Number) Cr McAltre Stret
5. Full Name of Mother Male Johns
6. Mother's Maiden Name Molse Chaffing
7. Mother's Birthplace Baltimor
8. Full Name of Father Alivrett Johns
9. Father's Occupation Painter
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Rondstrit

Remarks

Register Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
22
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 15th 1876
4. Place of Birth (Street and Number)	111 East Pratt Street
5. Full Name of Mother	Laura Louisa Davis
6. Mother's Maiden Name	Abercrombie
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David Oliver Davis
9. Father's Occupation	Druggist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	No 70 Granby Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

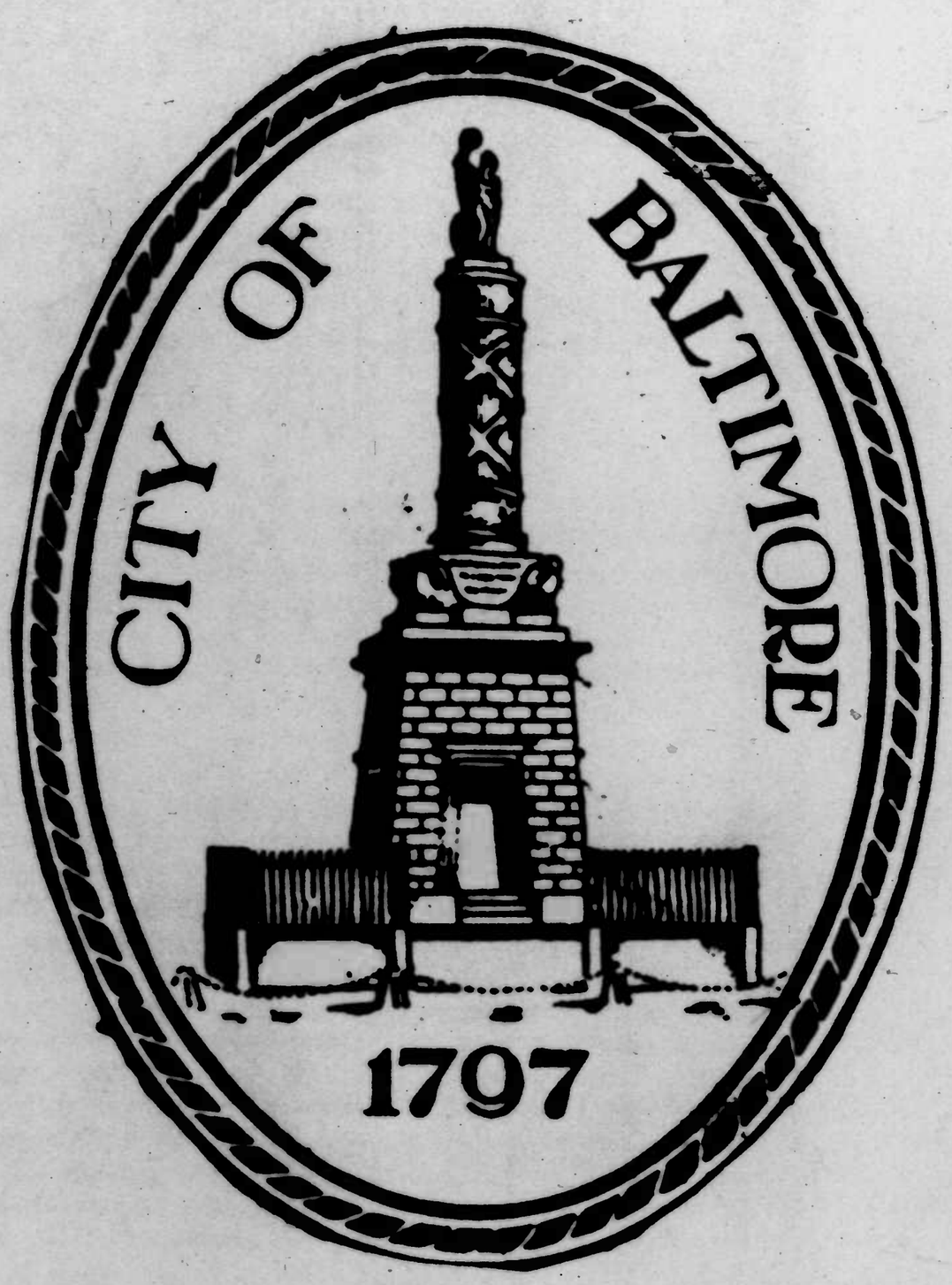
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 7th DAY OF April OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH # 123311 AND ENDING WITH # 154650 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Ronald Staeffey



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